

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # 708420

1. Entity Name
**CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF
DAYTONA BEACH, FLORIDA, INC.**



Principal Place of Business

**1250 BEVILLE ROAD
DAYTONA BEACH, FL 32114-2718**

Mailing Address

**1250 BEVILLE ROAD
DAYTONA BEACH, FL 32114-2718**



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0839547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIGG, STEVE
C/O SOUTHEAST DISTRICT-DAYTONA CIMA
1250 BEVILLE RD
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
GRIGG, STEVE
1401 DEXTER DR NORTH
PORT ORANGE, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
BARGER, TERESA
5828 NOB HILL BOULEVARD
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08

Date

Daytime Phone # _____