

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708741 (4)**

1. Corporation Name

**DAYTONA CHURCH OF THE UNITED BRETHREN IN CHRIST, INC.**

Principal Place of Business

Mailing Address

**560 FLOMICH AVENUE  
HOLLY HILL FL 32117-1618**

**560 FLOMICH AVENUE  
HOLLY HILL FL 32117-1618**



3. Date Incorporated or Qualified

**04/05/1965**

3a. Date of Last Report

**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-1429254**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be**  
**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKEOWN, ROBERT C. (CHUCK)  
1650 CENTER STREET  
HOLLY HILL FL 32117**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P**  
**MCKEOWN, CHUCK**  
**1650 CENTER ST.**  
**HOLLY HILL FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**S**  
**MCKEOWN, VICK L.**  
**1650 CENTER AVE.**  
**HOLLY HILL FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**T**  
**BRYANT, BRENDA**  
**603 15TH STREET**  
**HOLLY HILL FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**D**  
**EVANS, STEVE**  
**1715 DERBYSHIRE ROAD**  
**HOLLY HILL FL**

21 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**D**  
**DAVID HULL**  
**1608 RIVERSIDE DRIVE**  
**HOLLY HILL FL**

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D**  
**SILAS FOUNTAIN**  
**1053 SOUTH NOVA ROAD**  
**ORMOND BEACH FL**

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

24 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Brenda Bryant* **Brenda Bryant** 1/31/96 (904) 253-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)