# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# 708741

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

**Current Principal Place of Business:**

560 FLOMICH AVENUE
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

560 FLOMICH AVENUE
HOLLY HILL, FL 32117

**New Mailing Address:**

**FEI Number: 59-1429254** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | MCKEOWN, ROBERT C | |
| Address: | 1650 CENTER ST. | |
| City-St-Zip: | HOLLY HILL, FL 32117 | |
| Title: | S | ( ) Delete |
| Name: | MCKEOWN, VICKI L | |
| Address: | 1650 CENTER AVE. | |
| City-St-Zip: | HOLLY HILL, FL 32117 | |
| Title: | T | ( ) Delete |
| Name: | BUDZILEK, BRENDA | |
| Address: | 1654 CENTER AVE | |
| City-St-Zip: | HOLLY HILL, FL 32117 | |
| Title: | D | ( ) Delete |
| Name: | EVANS, STEVE | |
| Address: | 1715 DERBYSHIRE ROAD | |
| City-St-Zip: | HOLLY HILL, FL 32117 | |
| Title: | D | ( ) Delete |
| Name: | HULL, DAVID | |
| Address: | 1608 RIVERSIDE DRIVE | |
| City-St-Zip: | HOLLY HILL, FL 32117 | |
| Title: | D | ( ) Delete |
| Name: | FOUNTAIN, SILAS | |
| Address: | 1053 SOUTH NOVA ROAD | |
| City-St-Zip: | ORMOND BEACH, FL 32174 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT (CHUCK) MCKEOWN P 04/30/2006

Electronic Signature of Signing Officer or Director — Date