2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708741

FILED Apr 16, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IICH AVENUE LL, FL 32117				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	IICH AVENUE LL, FL 32117				
FEI Number	: 59-1429254	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
1650 CEN HOLLY HII	N, ROBERT (TER STREET LL, FL 32117	US	nurnose of changing its register	ed office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its register	ed office of registered agent, of both,	
SIGNATUI					
	Electror	nic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MCKEOWN, R 1650 CENTER HOLLY HILL, F	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Titlo	S () Delete	Title:	() Change () Addition	
Name: Address:	MCKEOWN, VI 1650 CENTER HOLLY HILL, F	AVE.	Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address:	MCKEOWN, VI 1650 CENTER HOLLY HILL, F	AVE. L 32117) Delete ENDA AVE	Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	MCKEOWN, VI 1650 CENTER HOLLY HILL, F T (BUDZILEK, BR 1654 CENTER HOLLY HILL, F	AVE. CL 32117 Delete ENDA AVE CL 32117 Delete EHIRE ROAD	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MCKEOWN, VI 1650 CENTER HOLLY HILL, F T (BUDZILEK, BR 1654 CENTER HOLLY HILL, F D (EVANS, STEVE 1715 DERBYS HOLLY HILL, F	AVE. CL 32117 Delete ENDA AVE CL 32117 Delete E HIRE ROAD CL 32117 Delete DE DRIVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify 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 C. MCKEOWN P 04/16/2009