FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90242 035 ****61.25

DOCUMENT # 717333

1. Corporation Name

DAYTONA CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

2565 BUENA VISTA DRIVE DELAND FL 32724 US	2565 BUENA VISTA DRIVE DELAND FL 32724 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 10/13/1969

	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Applied For	
22		27				23-7055906		Not Applicable	
	City & State	28	City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
23	Zip Country	Country Zip Cou		Country			\$5.00 May Be Added to Fees		
24		29	30			Trust Fund Contribution			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
DANDURAND, ROBERT					Name Street Addre	iss (P.O. Box Number is Not Acceptable)			
	2565 BUENA VISTA DRIVE DELAND FL 32724			83					
}				84	City		F1	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	f applicable. (NOTE: F	legistered Agent signature required			
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	•	Change	☐ Addition
NAME	RISLEY, SONDRA		1.2 NAME			- [
STREET ADDRESS	742 N. TREMAIN ST.		1.3 STREET ADDRESS			- 1
CITY-ST-ZIP	MT. DORA FL		1.4 CITY- ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition
NAME	DALRYMPLE, JERRY		2.2 NAME			
STREET ADDRESS	19220 IMMAKALEE ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	DANDURAND, ROBERT		3.2 NAME			1
STREET ADDRESS	2565 BUENA VISTA DRIVE		3.3 STREET ADDRESS			Ì
CITY-ST-ZIP	DELAND FL 32724		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	RISLEY, FLOYD		4. 2 NAME			
STREET ADDRESS	742 N.TREMAIN ST.		4 3 STREET ADDRESS			}
CITY-ST-ZIP	MT.DORA FL		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	ulibarri, sally		5.2 NAME			
STREET ADDRESS	5 GENERAL DOOLITTLE RD.		5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP			
TITLE		☐ OELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			}
CITY-ST-ZIP		_	6.4 CITY-ST-ZIP	<u></u>		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE REQUIRED

BIGHNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF BIRECTOR

738-4990 Daytime Phone #