

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90290 048 ****61.25

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DOCUMENT # 724313

1. Corporation Name

THE GREATER DAYTONA BEACH AREA YOUNG MEN'S CHRIS
TIAN ASSOCIATION, INC.Principal Place of Business
825 DERBYSHIRE RD
DAYTONA BEACH FL 32117Mailing Address
825 DERBYSHIRE RD
DAYTONA BEACH FL 32117

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/11/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0638513	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BOSTIC, WAYNE D.
19 MAVERICK LANE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name	Brown, Randy
82 Street Address (P.O. Box Number is Not Acceptable)	4 Sunwood Trail
83 City	Ormond Beach
84 State	FL
85 Zip Code	32174

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

5-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	MD
NAME	BOSTIC, WAYNE	1.2 NAME	Brown, Randy A.
STREET ADDRESS	19 MAVERICK LANE	1.3 STREET ADDRESS	4 Sunwood Trail
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	PD	2.1 TITLE	VP
NAME	VOGES, BILL	2.2 NAME	Doyle, John
STREET ADDRESS	P.O. BOX 2860 N/A	2.3 STREET ADDRESS	127 Ponce DeLeon
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	PD	3.1 TITLE	TD
NAME	DYTKO, ED	3.2 NAME	Ludlow, Bob
STREET ADDRESS	1804 WRIGHT DR	3.3 STREET ADDRESS	160 N. Nova
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32018
TITLE	TD	4.1 TITLE	SD
NAME	KENDALL, DAVE	4.2 NAME	Ludlow, Bob
STREET ADDRESS	827 BAYRIDGE LA.	4.3 STREET ADDRESS	160 N. Nova
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	Ormond Beach, FL
TITLE	SD	5.1 TITLE	VP
NAME	KEARLEY, RICHARD	5.2 NAME	DYTKO, ED
STREET ADDRESS	271 GOLDEN BAY	5.3 STREET ADDRESS	1804 WRIGHT DR.
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	VP	6.1 TITLE	MD
NAME	DYTKO, ED	6.2 NAME	BOSTIC, WAYNE
STREET ADDRESS	1804 WRIGHT DR.	6.3 STREET ADDRESS	19 MAVERICK LANE
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	ORMOND BEACH FL

14. I hereby certify that the information supplied with this filing 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:

RANDY A. BROWN

05/11/1999

(904) 255-6148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)