FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

ş-1

9. Name and Address of Current Registered Agent

FIRST CHRISTIAN CHURCH OF DAYTONA BEACH, FLORIDA

Principal Place of Business Mailing Address 326 S PALMETTO AVE 326 S PALMETTO AVE 3. Date incorporated or Qualified DAYTONA BCH FL 32114 DAYTONA BCH FL 32114 09/12/1973 4. FEI Number Applied For 59-2065830 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Added to Fees Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 🔀 No 23 28 Countr Zip Zip 24 30 25 29

HERSHBERGER, MERRILL 122 W. PIEDMONT AVE. PORT ORANGE FL 32119

OUTRIY		Personal Property Tax due June 30. Yes KNo					
T		10. Name and Address of New Registered Agent					
Ţ	B1	Name					
þ	B2	Street Address (P.O. Box Number is Not Acceptable)					
ħ	83						
ļī	B4	City EL 85 Zip Code					

FILED

Mar 26 1998 8:00am

Secretary of State

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 ramiliar with, and accept the colligations of, Section 617.0003, 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 DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12			
TITLE	SD	LX DELETE	1.1 TITLE	SD	K Change	Addition			
NAME	HASTINGS, PATRICCIA		1.2 NAME	Jane Harmon					
STREET ADDRESS	1649 PARADISE LANE		1.3 STREET ADDRESS	1501 Carmen Ave.					
CITY-ST-ZIP	HOLLY HILL FL		1.4 CITY-ST-ZIP	Holly Hill, FL 32117		,			
TITLE	TD	■ DELETE	2.1 TITLE	TD	K Change	Addition			
NAME	reed, Marilyn		2.2 NAME	Ellie I. Wamble					
STREET ADDRESS	1204 SUNLAND RD		2.3 STREET ADDRESS	1270 Country Rd					
CITY-ST-ZIP	DAYTONA BCH, FL 00000		2.4 CITY-ST-ZIP	Daytona Beach, FL 32119)				
TITLE	PD	DELETE	3.1 TITLE		Change	Addition			
NAME	JACK HASTINGS		3.2 NAME						
STREET ADDRESS	1649 PARADISE LANE		3.3 STREET ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-ST-ZIP						
TITLE	FD	☐ DELETE	4.1 TITLE		☐ Change	Addition			
NAME	rhein, Philip		4. 2 NAME						
STREET ADDRESS	260 GREENWOOD CIRCLE		4.3 STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
emera apparece			£ 5 CTREET ADODESC						

6.4 CITY - ST-ZIP CITY-ST-7/P 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.

SIGNATURE: _

Ellie I. Wamble

904-252-6648