2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #727441

1. Entity Name
FIRST CHRISTIAN CHURCH OF DAYTONA BEACH,
FLORIDA



FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90091 047 ****61.25

STREET ADDRESS CITY-ST-ZIP TITLE TD Delete LYNCH, LAWRENCE 3619 MALLOW DRIVE ORMOND BEACH, FL 32174 TITLE NAME LYNCH, BILLIE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORMOND MEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LONION			
Suite, Api. #, etc. City & State Ci	326 S PALMETTO AVE 326 S PALMETTO AVE			40002
City & State Ci	2. Principal Place of Business - No P.O. Box	3. Mailing Addres	s	
City & State Ci			nto.	
Signature Sign	Suite, Apt. #, etc.		310.	03242007 Chg-NP CR2E037 (12/06)
S. Certificate of Status Desired Fee Required	City & State	City & State		50 2005020
MINOR, GENE 2366 FERN PALM DR EDGEWATER, FL 32141 Sirola Address (P O Box Number is Not Acceptable) 304-S. Atlantic Ave. #1105 CinDaytona Beach Shores, FL FL FL F2bl8de CinDaytona Beach Shores, FL FL FL F2bl8de CinDaytona Beach Shores, FL FL FL FL F2bl8de CinDaytona Beach Shores, FL FL FL FL FL F2bl8de CinDaytona Beach Shores, FL FL FL FL FL FL FL F2bl8de CinDaytona Beach Shores, FL F	Zip Country	Zip	Country	
Street Address (P.O. Box Number is Not Acceptable) 304 S. Atlantic Ave. #1105 Citi Daytona Beach Shores, FL FL \$2618/de 8. The above named entity submits this statement for the purpose of changing 4s registered office or registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of Forida at a minimary with, and accept the obligations of Forida at a minimary with, and accept the obligation of Forida at a minimary with, and accept the obligation of Forida at a minimary with, and accept the obligation of Forida at a minimary with, and accept the obligation of Forida at a minimary with, and accept the obligation of Forida at a minimary with, and accept the obligation of Forida at a min	6. Name and Address of Co	ırrent Registered Agent		
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Roy Vegro	2366 FERN PALM DR			· · · · · · · · · · · · · · · · · · ·
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Roy Vegro			- C: Da	Assa Dasah Chausa El 27140
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certify that the information indicated as the copyring contained in Chapter 119, Florida Statutes. I further certificated as the copyring contained in Chapter 119, Florida Statutes.	0111-31-21C		■ UII 1 - 31 - 24F	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.