
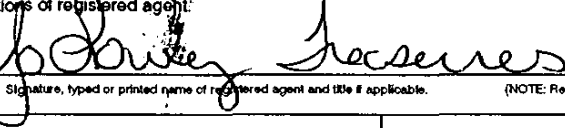


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 037 ****61.25

DOCUMENT # 732269 1. Entity Name FIRST CHURCH OF RELIGIOUS SCIENCE OF GREATER DAYTONA, INC.					
Principal Place of Business 1333 S RIDGEWOOD AVE DAYTONA BEACH FL 32114				Mailing Address 1333 S RIDGEWOOD AVE DAYTONA BEACH FL 32114	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3007016	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERICKSON, DONNA J 1235 DIXIE AVE HOLLY HILL, FL 32117				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, DONNA J		NAME	FORTIER, TONY	
STREET ADDRESS	1235 DIXIE AVE		STREET ADDRESS	149 CRYSTAL OAK DR	
CITY-ST- ZIP	HOLLY HILL, FL 32117		CITY-ST- ZIP	DELAND, FL 32720	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, DARYL G		NAME	LOWERY, JOANNE	
STREET ADDRESS	1209 S. PENINSULA DR		STREET ADDRESS	1500 BEVILLE RD, 606 #131	
CITY-ST- ZIP	DAYTONA BEACH, FL 32118		CITY-ST- ZIP	DAYTONA BEACH, FL 32114	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	FORTIER, TONY		NAME		
STREET ADDRESS	149 CRYSTAL OAK DR		STREET ADDRESS		
CITY-ST- ZIP	DELAND, FL 32720		CITY-ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH, COADY		NAME	COADY, SARAH	
STREET ADDRESS	1260 VANDERBUILT DR.		STREET ADDRESS	1260 VANDERBUILT DR	
CITY-ST- ZIP	ORMOND BEACH, FL 32174		CITY-ST- ZIP	ORMOND BEACH, FL 32174	
TITLE			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VANCE, REV ROBERT	
STREET ADDRESS			STREET ADDRESS	1 CIRCLE DR	
CITY-ST- ZIP			CITY-ST- ZIP	HOLLY HILL, FL 32117	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
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 on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
Rw Soler O'Connell 4/25/06					