

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769897

**FILED**  
**Jan 05, 2004**  
**Secretary of State**

**Entity Name:** SOVEREIGN GRACE CHURCH OF DAYTONA BEACH, INC.

**Current Principal Place of Business:**

1575 AVIATION CENTER PARKWAY  
#510  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

1575 AVIATION CENTER PARKWAY  
#510  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-2328732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALSH, DANIEL J  
5626 TOURO DR  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TSD ( ) Delete  
Name: WIGLE, KEITH  
Address: 812 BAYBRIDGE LANE  
City-St-Zip: PORT ORANGE, FL 32127

Title: PD ( ) Delete  
Name: WALSH, DANIEL J.,  
Address: 5626 TOURO DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD ( ) Delete  
Name: JONES, DANNY  
Address: 4145 TALL TREE DR  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSD (X) Change ( ) Addition  
Name: WIGLE, KEITH A  
Address: 812 BAYBRIDGE LANE  
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. WALSH

PD

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date