


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90069 015 ****70.00

DOCUMENT # N01000005960					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, DAYTONA BEACH, INC.					
Principal Place of Business 1 37 LIVE OAK AVENUE DAYTONA BEACH, FL 32114			Mailing Address 1 37 LIVE OAK AVENUE 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 59-0791015	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STACK, MELVIN D 444 SEABREEZE BLVD., SUITE 400 DAYTONA BEACH, FL 321 18			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 _____ <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	C <input checked="" type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change		
NAME	THOMPSEN, MYRNA A	NAME	GERINGER, LUCY T.		
STREET	2430 CITRUS AVENUE	STREET	3308 OAK VISTA DRIVE		
ADDRESS	PORT ORANGE, FL 32119	ADDRESS	PORT ORANGE FL 32128		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change		
NAME	BAUGHMAN, RICHARD E	NAME	LORENZ, SUSAN A.		
STREET	6466 CYPRESS SPRINGS PARKWAY	STREET	61 MERRYWOOD CIRCLE		
ADDRESS	PORT ORANGE, FL 32128	ADDRESS	ORMOND BEACH FL 32174		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CADICK, ELLEN B	NAME			
STREET	2555 S. ATLANTIC AVENUE, NO. 202	STREET			
ADDRESS	DAYTONA BEACH, FL 32118	ADDRESS			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change		
NAME	GAY, DOROTHY H	NAME	REVELS, JEANNE		
STREET	1222 RIVERBREEZE BLVD.	STREET	3606 S. PENINSULA AVENUE		
ADDRESS	ORMOND BEACH, FL 32178	ADDRESS	PORT ORANGE FL 32127		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change		
NAME	FORSBERG, BARBARA H	NAME	SCHROEDER, LYNN		
STREET	989 SHOCKNEY DRIVE	STREET	1026 STONYBROOK CIRCLE		
ADDRESS	ORMOND BEACH, FL 32174	ADDRESS	PORT ORANGE FL 32127		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET		STREET			
ADDRESS		ADDRESS			
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.					
SIGNATURE: <i>Lucy T. Geringer</i>		Lucy T. Geringer --Chairman		March 7, 2006 (386)760-5434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	