


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90044 041 ****70.00

DOCUMENT # N01000005960					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, DAYTONA BEACH, INC.					
Principal Place of Business 137 LIVE OAK AVENUE DAYTONA BEACH, FL 32114			Mailing Address 137 LIVE OAK AVENUE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-0791015	
				Applied For Not Applicable	
				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 32118				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 renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERINGER, LUCY T			NAME	D ABBOTT, CAROL L.
STREET ADDRESS	3308 OAK VISTA DR			STREET ADDRESS	106 FOX FIRE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32128			CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZ, SUSAN A			NAME	D FORSBERG, BARBARA H.
STREET ADDRESS	61 MERRYWOOD CIR			STREET ADDRESS	7 VOLUNTEER LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADICK, ELLEN B			NAME	
STREET ADDRESS	2555 S. ATLANTIC AVENUE, NO. 202			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELS, JEANNE			NAME	
STREET ADDRESS	3606 S PENINSULA AVE			STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, LYNN			NAME	
STREET ADDRESS	126 STONYBROOK CIR			STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <i>Lucy T. Geringer</i>				Date: <i>Jan 19, 2007</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>386-252-4540</i>	