

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 020 ****61.25

DOCUMENT # N03000000518



1. Entity Name
COLONY COMMUNITY CHURCH, INCORPORATED

Principal Place of Business
**1275 BEVILLE RD
 DAYTONA BEACH, FL 32119**

Mailing Address
**5925 KENDREW DR
 PORT ORANGE, FL 32127**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01252006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

City & State

4. FEI Number
36-4329187 74-3075411

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUMP, PAUL L REV
 5925 KENDREW DR
 PORT ORANGE, FL 32127**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME **SILVERNAIL, ROBERT G**
 STREET ADDRESS **1268 MAYFLOWER DR**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **P** Change Addition
 NAME **Silvernail, Robert G**
 STREET ADDRESS **1266 Mayflower Dr.**
 CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **V** Delete
 NAME **RIEDER, PAUL**
 STREET ADDRESS **1278 PLANTATION PL**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **T** Change Addition
 NAME **Rosdil, Pat**
 STREET ADDRESS **1270 Heritage Drive**
 CITY-ST-ZIP **Port Orange, FL 32119**

TITLE **S** Delete
 NAME **BUTLER, ANN**
 STREET ADDRESS **108 AVOCET CT**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POND, BETTY**
 STREET ADDRESS **1247 MAYFLOWER DR**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FERGUSON, PAUL**
 STREET ADDRESS **4555 SO ATLANTIC AVE #4407**
 CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KEPHART, ARTHUR J**
 STREET ADDRESS **1301 FLINTLOCK DR**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Thomas G. Treasurer* 2/7/06 386 322 0016
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #