2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012447

FILED Apr 28, 2006 Secretary of State

Entity Name: DAYTONA BEACH BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1851 S. CLYDE MORRIS BLVD DAYTONA BEACH,, FL 32119

Current Mailing Address: New Mailing Address:

1851 S. CLYDE MORRIS BLVD DAYTONA BEACH,, FL 32119

FEI Number: 59-1417512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PROCTOR, DANIEL J 2922 CARRIAGE DRIVE SOUTH DAYTONA, FL 32119

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

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PROCTOR, DANIEL J PRES
Address: 2922 CARRIAGE DRIVE Address: 2922 CARRIAGE DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: SOUTH DAYTONA, FL 32119

Title: TSD () Delete Title: TSD (X) Change () Addition

 Name:
 MEANS, DALE
 Name:
 MEANS, JAMES D TREAS

 Address:
 2928 GAS LIGHT DRIVE
 Address:
 2928 GAS LIGHT DRIVE

 City-St-Zip:
 SOUTH DAYTONA, FL 32119
 City-St-Zip:
 SOUTH DAYTONA, FL 32119

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 PREWITT, BEN
 Name:
 PREWITT, BEN V PRES

 Address:
 4390 HALIFAX DRIVE
 Address:
 4390 HALIFAX DRIVE

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES D. MEANS TSD 04/28/2006