

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90091 031 \*\*\*\*70.00

**DOCUMENT # N07455**

1. Entity Name  
**THE GRACE BAPTIST CHURCH OF GREATER  
DAYTONA, INC.**



Principal Place of Business  
C/O JAMES GUEST  
1703 TAYLOR ROAD  
PORT ORANGE, FL 32128 US

Mailing Address  
C/O JAMES GUEST  
1703 TAYLOR ROAD  
PORT ORANGE, FL 32128 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2472601**

Applied For  
Not Applicable

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

GUEST, JAMES  
1703 TAYLOR ROAD  
PORT ORANGE, FL 32128

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DP	<input type="checkbox"/> Delete
NAME	GUEST, JAMES L.	
STREET ADDRESS	1703 TAYLOR ROAD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TIM	
STREET ADDRESS	2033 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32128	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BALDWIN, WAYNE	
STREET ADDRESS	496 ASPEN DR	
CITY-ST-ZIP	S DAYTONA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JOHN	
STREET ADDRESS	14 BEAR TOOTH PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOSLYN, CAROL A	
STREET ADDRESS	1403 ROYAL GROVE LN	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DEYO, ROBERT	
STREET ADDRESS	5435 MARSHFIELD DR	
CITY-ST-ZIP	PT ORANGE, FL 32124	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Wilson	
STREET ADDRESS	823 Masthead LN.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM Bowman	
STREET ADDRESS	325 N. Causeway, B102	
CITY-ST-ZIP	NEW SMYRNA Bch., FL 32169	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM Booton	
STREET ADDRESS	119 Reynolds Circle	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miguel Rivera	
STREET ADDRESS	3722 HUGH ST.	
CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SID HINMAN	
STREET ADDRESS	105 PINION	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DEYO	
STREET ADDRESS	8217 MARIPOSA AVE.	
CITY-ST-ZIP	PORT ORANGE, FL 32129	

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: Carol A. Joslyn - CAROL A. JOSLYN 4/7/06 386-763-0966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

~~20028524~~

#N07455

☒ Addition

TITLE

TR

NAME

Don Pierson

STREET  
ADDRESS

4575 S. ATLANTIC AVE #6301

PONCE INLET, FL 32127