

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07455

FILED
Mar 02, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2472601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUEST, JAMES
1703 TAYLOR ROAD
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GUEST, JAMES L.
Address: 1703 TAYLOR ROAD
City-St-Zip: DAYTONA BEACH, FL

Title: TR () Delete
Name: WILSON, RICHARD
Address: 823 MASTHEAD LN
City-St-Zip: EDGEWATER, FL 32141

Title: TR () Delete
Name: BOWMAN, TOM
Address: 325 N CAUSEWAY, B102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TR () Delete
Name: BALDWIN, WAYNE
Address: 496 ASPEN DR
City-St-Zip: S DAYTONA, FL

Title: T () Delete
Name: JOSLYN, CAROL A
Address: 1403 ROYAL GROVE LN
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: DEYO, ROBERT
Address: 2217 MARIPOSA AVE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: SNIPES, CLAYTON
Address: 1669 DUNLAP DRIVE
City-St-Zip: DELTONA, FL 32725

Title: TR (X) Change () Addition
Name: BOWMAN, TOM
Address: 73 AQUA COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOSLYN, CAROL A
Address: 3757 LONG GROVE LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL A. JOSLYN

T

03/02/2007

Electronic Signature of Signing Officer or Director

Date