2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000007418

Entity Name: DAYTONA BEACH BLACK CLERGY ALLIANCE INC.

Current Principal Place of Business:

869 DERBYSHIRE ROAD
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

869 DERBYSHIRE ROAD
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 26-3125300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRIPLETT, DEREK T
869 DERBYSHIRE ROAD
DAYTONA BEACH, FL 32117 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: P ( ) Delete
Name: TRIPLETT, DEREK T
Address: 869 DERBYSHIRE ROAD
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP ( ) Delete
Name: ROBINSON, CRAIG L
Address: 418 LAURA STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: SEC ( ) Delete
Name: JENKINS, BETTY P
Address: 316 DR. MARY MCLEOD BETHUNE BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: TRSR ( ) Delete
Name: ROBINSON, JEFFREY D
Address: 703 GEORGE ENGRAM BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DEREK T TRIPLETT P 04/21/2009

Electronic Signature of Signing Officer or Director — Date