

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N11397

1. Entity Name
**CHRIST EVANGELICAL FREE CHURCH, VOLUSIA
COUNTY, INC.**



Principal Place of Business
**329 N WILLIAMSON BLVD
DAYTONA BEACH, FL 32114**

Mailing Address
**329 N WILLIAMSON BLVD
DAYTONA BEACH, FL 32114**

DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2525040	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRK, LARRY
1700 ARECA WAY
HOLLY HILL, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000670714
03/27/07-80122-013 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRK, LARRY 1700 ARECA WAY HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEMM, WARREN 1325 OSPREY NEST LANE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIGGINS, DENNIS 5865 WOODPOINT TERRACE DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALTES, J P 173 UNIVERSITY CIRCLE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBB, MARK 1003 CALLE GRANDE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, BLAKE 32 INDIAN SPRINGS DRIVE ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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: *Larry P. Kirk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 386-238-9956
Date Daytime Phone #