

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18234 (7)

1. Corporation Name

AMERICAN FAMILY ASSOCIATION, GREATER DAYTONA BEACH BRANCH, INC.

Principal Place of Business

Mailing Address

1420 NORTH ATLANTIC AVENUE
SUITE 801
DAYTONA BEACH FL 32118
US

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SUITE 801
DAYTONA BEACH FL 32118
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1986

3a. Date of Last Report
04/05/1994

4. FEI Number
19-2222951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAVIS, CRISTINA
115 SANDCASTLE DR
ORMOND BCH FL 32176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
272 RIVERSIDE DR.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME UPTON, ROSEMARY
STREET ADDRESS %1420 N ATLANTIC AV #801
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE PROJECT CHMN. ☐ Change ☒ Addition
1.2 NAME MICHAEL KEITH
1.3 STREET ADDRESS 2621 SO. WOODLAND
1.4 CITY-ST-ZIP DELAND, FL 32720

TITLE SD
NAME TYLER, G. RUSSELL
STREET ADDRESS 198 PONCE DE LEON DR
CITY-ST-ZIP ORMOND BCH FL

2.1 TITLE SECT. ☒ Change ☐ Addition
2.2 NAME MARILYN GAMMON
2.3 STREET ADDRESS 1169 BRYN MAWR DR.
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE TD
NAME MCGRANE, GRACE
STREET ADDRESS 126 BANYAN
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BREWSTER, WOODBURN
STREET ADDRESS 308 NAVAJO AVENUE
CITY-ST-ZIP ORMOND BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MURPHY, BARBARA
STREET ADDRESS 193 DEERLAKE CIR.
CITY-ST-ZIP ORMOND BCH. FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME FIELDS, MILDRED
STREET ADDRESS 1312 MOORE ST
CITY-ST-ZIP DAYTONA BCH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rosemary Upton
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1995 (904) 253-6666
Date Daytime Phone #