

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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~~ **2712 S. PENINSULA DR.**
DAYTONA BEACH FL 32118
US

~~1420 NORTH ATLANTIC AVENUE~~
~~SUITE 801~~ **2712 S. PENINSULA DR.**
DAYTONA BEACH FL 32118
US

3. Date Incorporated or Qualified
12/12/1986

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

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26

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

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAVIS, CRISTINA
272 RIVERSIDE DR
ORMOND BCH FL 32176

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2712 S. PENINSULA DR.**
1.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **S** ☐ DELETE
NAME **GAMMON, MARILYN**
STREET ADDRESS **1169 BRYN MAWR DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MCGRANE, GRACE**
STREET ADDRESS **128 BANYAN**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

TITLE **D** ☐ DELETE
NAME **BREWSTER, WOODBURN**
STREET ADDRESS **308 NAVAJO AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **D** ☐ DELETE
NAME **MURPHY, BARBARA**
STREET ADDRESS **193 DEERLAKE CIR.**
CITY-ST-ZIP **ORMOND BCH. FL 32174**

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

TITLE **C** ☐ DELETE
NAME **KEITH, MICHAEL**
STREET ADDRESS **2621 S WOODLAND**
CITY-ST-ZIP **DELAND FL 32120**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Grace M. McGrane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACE M. MCGRANE

3-5-96
Date

904-441-3620
Daytime Phone #

CR2E037 (12/95)