

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

2712 S PENINSULA DRIVE
DAYTONA BEACH FL 32118
US

2712 S PENINSULA DRIVE
DAYTONA BEACH FL 32118
US

3. Date Incorporated or Qualified

12/12/1986

4. FEI Number

19-2222951

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAVIS, CRISTINA
272 RIVERSIDE DR
ORMOND BCH FL 32178

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME UPTON, ROSEMARY
STREET ADDRESS 2712 S. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE Director
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE President
3.2 NAME Kristi Itoh
3.3 STREET ADDRESS 6146 Del Mar Drive
3.4 CITY-ST-ZIP Port Orange FL 32127

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

4.1 TITLE
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 D/T
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE C
NAME KEITH, MICHAEL
STREET ADDRESS 2821 S WOODLAND
CITY-ST-ZIP DELAND FL

6.1 TITLE D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kristi Itoh* REQUIRED

3/2/98

(904) 672-0567

CR2E037 (10/97)