

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002403

FILED
Feb 01, 2005
Secretary of State

Entity Name: DAYTONA BEACH DRIVE-IN CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

3140 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7175
DAYTONA BEACH, FL 321167175 US

New Mailing Address:

FEI Number: 59-3117957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEITCH, LARRY G
5928 KENDREW DRIVE
PORT ORANGE, FL 32127 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: CD () Delete
Name: KELTZ, GARY
Address: 1478 CRAIG CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: MTP () Delete
Name: DEITCH, LARRY G
Address: 5928 KENDREW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: FRANTZ, MELISSA
Address: 3960 OAKTRAIL RUN #3510
City-St-Zip: PORT ORANGE, FL 32127

Title: AT () Delete
Name: OPRE, ANNMARIE
Address: 226 VENETIAN WAY S
City-St-Zip: DAYTONA BEACH, FL 32127

Title: T () Delete
Name: WHITE, MARIE
Address: 5235 ORANGE AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VC () Delete
Name: CARTER, GREG
Address: 4622 KATY DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: CARTER, GREG
Address: 4622 KATY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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:

Title: VC (X) Change () Addition
Name: SMITH, SHARON
Address: 3629 S PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNMARIE OPRE

AT

02/01/2005

Electronic Signature of Signing Officer or Director

Date