FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400002061 (9)

DAYTONA BEACH FAITH CENTER INTERNATIONAL, INC.

						FORT FOIL BOILD INDIA	WWIFW WEIGH FIWI FWWI		
Principal Place of Business Mailing Address									
1124F BEVILLE ROAD P.O. BOX 11227 DAYTONA BEACH FL 32114 DAYTONA BEACH			H FL 32120						
						Date incorporated or Qualified 04/26/1994	3a. Date of L 05/0	ast Report 1/1995	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number Applied For			
и <u> </u>		26				59-3282803 Not Applicable			
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required	
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees		
Zip Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		30	0		Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Agent		
				81 1	Vame				
JULISON, ED				82 5	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	SEVILLE ROAD		83						
DAYTON	A BEACH FL 32114		[83]						
				84 (City		FL B5	Zip Code	
11. Pursuant ti	o the provisions of Sections 617.0503	2 and 617.1508, Florida Statul	tes, the abo	.Ll ove-nan	ned corpora	ation submits this statement for the purp d of directors. I hereby accept the appo		its registered office	
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authorization 617,0503. Florida Statute	zed by the o	corpora	ition's board	d of directors. I hereby accept the appo	intment as registe	ered agent I am	
SIGNATURE"_	in and addapt the obligations of one								
	Signature, typed or printed name of registered agent				gnature required	t where reinstatings	DATE	CTYOUGUK 15	
12.	OFFICERS AND DIRECTORS DELETE		113.	. 13 . 11 ftftÉ		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC		
TITLE	D Julison, Ed	Prefer	1 1 1 1 1 2 N					a- [] //domon	
NAME				ianec Treet ad	narce	25			
STREET ADDRESS				LCITY-ST-ZIP					
CITY-ST-ZIP TITLE	D DATTONA BENOTITE				···		Char	nge 🔲 Addition	
NAME	JULISON, RENEE	<u>-</u>		IAME					
STREET ADDRESS				STREET AD	DRESS				
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-	ZIP				
TITLE	D			ITLE			Char	nge 🔲 Addition	
NAME	ZYGARLICKE, CHRIS		32 N	IAME -					
STREET ADDRESS	1124-F BEVILLE ROAD		338	STREET AD	ORESS				
CITY-ST-ZIP	DAYTONA BEACH FL	- Dotters		CITY - ST -	ZIP		[] Cha	nge Addition	
TITLE		DELETE	411				Chai	ige LI Abbillion	
NAME				NAME					
STREET ADDRESS			•	STREET AD		70000186	327 3 7		
CITY-ST-2IP		DELETE	51 T	DITY-ST-	ZIP	70000186 -06/15/96010	01010 _{Cha}	nge Addition	
TITLE		Figure		NAMÉ		***122.50	- 1_3 Shi	المستود البينوات	
NAME CIREST NODDECC				STHEET AC	INDRESS				
STREET ADDRESS				DITY - ST - I	- 1				
CITY-ST-ZIP TITLE		DELETE		TITLE	cii.		Cha	nge Addition	
NAME				NAME			E 10/4		
STREET ADDRESS				STREET AC	ODRESS	d	V. 184,		
CITY ST. ZIP				CITY - SI -			1/0		

14. I do hereby certify that the information supplied with this filling 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:

SIGNATED TO THE BE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-29-96

704-238-0601

20E027 (19/0