

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 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 # **N94000002061 (9)**

1. Corporation Name

DAYTONA BEACH FAITH CENTER INTERNATIONAL, INC.



Principal Place of Business 1112 H BEVILLE RD. DAYTONA BEACH FL 32114 US	Mailing Address P.O. BOX 11227 DAYTONA BEACH FL 32120
--	---

3. Date Incorporated or Qualified

04/26/1994

4. FEI Number

59-3282803

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. 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

2. Principal Place of Business
21 **1840 Mason Avenue**

Suite, Apt. #, etc.

22 **Daytona Beach FL**

23 **32117**

24 **U.S.**

2a. Mailing Address

25 Suite, Apt. #, etc.

26 **Daytona Beach FL**

27 **32117**

28 **U.S.**

9. Name and Address of Current Registered Agent

**JULISON, ED
1124-F BEVILLE ROAD
DAYTONA BEACH FL 32114**

81 Name

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

1840 Mason Avenue

83

84 City

FL 32117

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	JULISON, ED	
STREET ADDRESS	1112 H BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JULISON, RENEE	
STREET ADDRESS	1112 H BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZYGARLUCHE, CHRIS	
STREET ADDRESS	1112 H BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1840 Mason Avenue
1.4 CITY-ST-ZIP	Daytona Beach FL 32117

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1840 Mason Avenue
2.4 CITY-ST-ZIP	Daytona Beach FL 32117

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1840 Mason Avenue
3.4 CITY-ST-ZIP	Daytona Beach FL 32117

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any attachment with an address.

SIGNATURE: **X Ed Julison**

4-15-98

CR2E037 (10/97)