

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90143 008 \*\*\*\*61.25

**DOCUMENT # 701546**

1. Entity Name

**ORMOND BEACH UNION CHURCH, INC.**

Principal Place of Business

Mailing Address

**56 N BEACH ST  
 ORMOND BEACH FL 32174-5638**

**56 N BEACH ST  
 ORMOND BEACH FL 32174-5638**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0915171**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEVILLE, SHIRLEY  
 26 WOODLAND BLVD  
 ORMOND BEACH FL 32174**

Name

**Stasiak, Linda**

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

**214 Greenwood Avenue**

City

**Ormond Beach**

**FL**

Zip Code

**32174**

8. 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

*Linda Stasiak*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | <b>P</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BATES, DAVID</b>             |                                            |
| STREET ADDRESS | <b>204 ORMOND PKWY</b>          |                                            |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32176</b>    |                                            |
| TITLE          | <b>TD</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>MATTHEWS, ALFRED E</b>       |                                            |
| STREET ADDRESS | <b>11 KINGS GRANT ROAD #202</b> |                                            |
| CITY-ST-ZIP    | <b>HOLLY HILL FL 32117-2545</b> |                                            |
| TITLE          | <b>T</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SWEENEY, SHIRLEY</b>         |                                            |
| STREET ADDRESS | <b>24 SILK OAKES DR.</b>        |                                            |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32176</b>    |                                            |
| TITLE          | <b>S</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BEVILLE, SHIRLEY</b>         |                                            |
| STREET ADDRESS | <b>26 WOODLAND BBLVD</b>        |                                            |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32174</b>    |                                            |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BOPST JANICE,</b>            |                                            |
| STREET ADDRESS | <b>111 ELLICOTT DR.</b>         |                                            |
| CITY-ST-ZIP    | <b>ORMOND BCH FL 32176-4136</b> |                                            |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BAILEY, ELAINE</b>           |                                            |
| STREET ADDRESS | <b>15 BEECHWOOD DR.</b>         |                                            |
| CITY-ST-ZIP    | <b>ORMOND BEACH FL 32176</b>    |                                            |

|                |                                         |                                                                              |
|----------------|-----------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>P</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Beville, Shirley</b>                 |                                                                              |
| STREET ADDRESS | <b>26 Woodland Blvd</b>                 |                                                                              |
| CITY-ST-ZIP    | <b>Ormond Beach FL 32174</b>            |                                                                              |
| TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                         |                                                                              |
| STREET ADDRESS |                                         |                                                                              |
| CITY-ST-ZIP    |                                         |                                                                              |
| TITLE          | <b>T</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Marian Youngblood</b>                |                                                                              |
| STREET ADDRESS | <b>Ocean Beach Club #1 #218</b>         |                                                                              |
| CITY-ST-ZIP    | <b>Flagler Beach FL 32136</b>           |                                                                              |
| TITLE          | <b>S</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Stasiak, Linda</b>                   |                                                                              |
| STREET ADDRESS | <b>214 Greenwood Avenue</b>             |                                                                              |
| CITY-ST-ZIP    | <b>Ormond Beach FL 32174</b>            |                                                                              |
| TITLE          | <b>D</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Smith, Donna</b>                     |                                                                              |
| STREET ADDRESS | <b>170 N. Yonge St Lot 24</b>           |                                                                              |
| CITY-ST-ZIP    | <b>Ormond Beach FL 32174</b>            |                                                                              |
| TITLE          | <b>TD</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>George Theis, 4013 Dakota Circle</b> |                                                                              |
| STREET ADDRESS | <b>Ormond Beach FL 32174</b>            |                                                                              |
| CITY-ST-ZIP    |                                         |                                                                              |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ALFRED E. MATTHEWS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-11-02**

Daytime Phone #

**677-3363**

CR2E037 (9/01)