

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90007 015 ****61.25

DOCUMENT # 702658

1. Entity Name

THE GREATER FRIENDSHIP BAPTIST CHURCH OF DAYTONA

Principal Place of Business

Mailing Address

539 GEORGE W. ENGRAM BLVD.
 DAYTONA BEACH FL 32114-2639
 US

539 GEORGE W. ENGRAM BLVD.
 DAYTONA BEACH FL 32114-2639
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2769695

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

MCKENZIE, REVEREND JOHN
420 FLETCHER AVENUE
DAYTONA BEACH FL 32114

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLEY, OSCAR 901 MAGNOLIA AVE DAYTONA BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSTON, GEORGE 701 MAGNOLIA AVENUE DAYTONA BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, JOYCE 909 OAK ST. DAYTONA BEACH FL 32114	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROLAND 176 BIG BEN DRIVE DAYTONA BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCH, ANTHONY P 124 VILLAGE LN DAYTONA BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCARLETT, CARLTON 318 JEFFERSON ST DAYTON BCH. FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Rev. John W. McKenzie **REQUIRED** **John W. McKenzie** **4/24/00** **904-252-0322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)