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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90043 031 ****61.25

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DOCUMENT # 767691

1. Corporation Name

BEVILLE ROAD CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
% F. J. BEAUMONT 850 BEVILLE RD. DAYTONA BEACH FL 32114-5852 US	% F. J. BEAUMONT 850 BEVILLE RD. DAYTONA BEACH FL 32114-5852 US

2. Principal Place of Business 21 % TED GOODWIN Suite, Apt. #, etc. 22 850 BEVILLE RD. City & State 23 DAYTONA BEACH, FL. Zip 24 32114-5852 Country 25 USA	2a. Mailing Address 26 % TED GOODWIN Suite, Apt. #, etc. 27 850 BEVILLE RD. City & State 28 DAYTONA BEACH, FL. Zip 29 32114-5852 Country 30 USA

3. Date Incorporated or Qualifed: 03/25/1983

4. FEI Number: 59-1483527 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GOODWIN, TED
6236 POPLAR GROVE DR
PT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Ted M Goodwin TED GOODWIN DATE: 1/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURGETT, ELMER		1.2 NAME	
STREET ADDRESS	923 CHICKADEE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEAUMONT, F.J.		2.2 NAME	
STREET ADDRESS	320 GOODALL AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	VDS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, RAY		3.2 NAME	
STREET ADDRESS	1016 INDIAN OAKS EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, TED		4.2 NAME	
STREET ADDRESS	6236 POPLAR GROVE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL 32127		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: Ted M Goodwin SIGNATURE REQUIRED TED M GOODWIN 1/31/99 904-322-8226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #