2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N03654 1. Entity Name CENTRAL BAPTIST CHURCH OF THE HALIFAX AREA Principal Place of Business Central Baptist Church 142 Fairview Avenue Daytona Beach, FL 32114-2199 Daytona Beach, FL 32114-2199 2. Principal Place of Business 142 Fairview Avenue Suite, Apt. #, etc. City & State Daytona Beach, Fl Daytona Beach, Fl Zip Country 32114-2199 USA DOCUMENT (UBR) Mailing Address 142 Fairview Avenue Suite, Apt. #, etc. City & State Daytona Beach, Fl Country Suite, Apt. #, etc. 5. Certific

FILED Mar 15, 2000 8:00 am Secretary of State

03-15-2000 90038 007 ****61.25

Daytona	a Beach, FL 32114-213	baycona beach,	, FL 3211	1-219	- 111111111		4012 BHA 1410	BEBEL BIBLY BEBEL BEBEL BE	27) 610(1) 183(
	Place of Business	3. Mailing Address								
142 Fairview Avenue Suite, Apt. #, etc.		142 Fairview Avenue			DO NOT WRITE IN THIS SPACE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO N	OI WHILE IF	N THIS SPACE		
City & State		City & State		t	4. FEI Number Applied For Not Applied by Not Applie]
Daytona Beach, Fl		Daytona Beach, Fl				, 59-080	6964		ot Applicable	-
Zip Country 32114-2199 USA		Zip: 32114-2199	Country - USA	ŀ	5. Certificate	of Status De	esired	\$8.75 Ad Fee Require		
6. Name and Address of Current F			U3A		7. Name and Address of New Registered Agent					
·				Nid	en Tozer					
COBLE, J. KERMIT			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	USIA AVENUE		142			2 Fairview Avenue				
SUITE A	DOIN AVEIVOE									
	BEACH FL 32020		City	Davi	tona Bea	ch		FL Zip Cod	_{de} L4-2199	
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.								<u> </u>		
	$\cap \cap$	l l								
SIGNATURE X Construer typed or printed name of registered agent and lifted applicable (NOTE: Registered Agent signature regulired when reinstating) DATE)	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title i applicable (NOTE: R	Registered Agent signati	ure required t	when reinstating)			DATE		
										-
FILE NOW:		9. Election Campaign Financing			May Be			heck Payable to	0	
	FEE IS \$61.25	Trust Fund Contributi	on.	Added	to Fees	.]	Depar	tment of State		Ì
10.	OFFICERS AND DIRE	ECTORS:	11,	Ā	DDITIONS/CH	I IANGES TO	OFFICERS A	AND DIRECTORS IN	N 10	┨
TITLE	ិ្ស	De ete	TITLE	Sec	y Asst.			Change	Addition	78
NAME	MCDANIEL, ROBERT		NAME		ffield,	Alton				100
STREET ADDRESS CITY - ST - ZIP	% 1025 VOLUISIA AVE		STREET ADDRESS CITY-ST-ZIP							{ {
TITLE	DAYTONA BEACH FL	Delete	TITLE	170				☐ Change	Addition	- 6
NAME	HITSON, JAMES	L-) Oelete	NAME	VC	alaa taa	1140-4		onlings	7,0411.011	`
STREET ADDRESS	% 1025 VOLUSIA AVE.		STREET ADDRESS	Peer	oles, Wi	TTT am	1			
CITY-ST-ZIP	DAYTONA BEACH FL	. ~ .	CITY-ST-ZIP				<u>_</u>			4
TITLE	DIODEN BILL C	☐ Delete	TITLE	SD				🔀 Change	☐ Addition	
NAME STREET ADDRESS	RIPPEY, BILL S % 1025 VOLUSIA AVE.		NAME STREET ADDRESS							
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP							
TITLE	TD	Delete	TITLE	Asst	t Treasu	rer		☐ Change	Addition]
NAME	SCOTT, JAMES	•	NAME	Sand	ders, Ed	ward				
STREET ADDRESS CITY-ST-ZIP	% 1025 VOLUSIA AVE.		STREET ADDRESS CITY-ST-ZIP							
TITLE	DAYTONA BEACH FL.	☐ Delete	TITLE	69				Change		1
NAME	TOZER, AIDEN	□ Delicite	NAME					g		
STREET ADDRESS	% 1025 VOLUSIA AVE.		STREET ADDRESS	•						
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP				<u> </u>			1
TITLE	ID.	· Delete	TITLE NAME					☐ Change	Addition	1
NAME STREET ADDRESS	SMITH, ALVIN		STREET ADDRESS							
CITY-ST-ZIP		,	CITY-ST-ZIP							
	· · · · · · · · · · · · · · · · · · ·									7

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

SUBJUSTION OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

904-677-3860

Daytime Phone