

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03654

1. Entity Name

CENTRAL BAPTIST CHURCH OF THE HALIFAX AREA

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

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

Principal Place of Business	Mailing Address
Central Baptist Church 142 Fairview Avenue Daytona Beach, FL 32114-2199	Central Baptist Church 142 Fairview Avenue Daytona Beach, FL 32114-2199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 142 Fairview Avenue	3. Mailing Address 142 Fairview Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Beach, FL	City & State Daytona Beach, FL	4. FEI Number 59-0806964	Applied For Not Applicable
Zip 32114-2199	Country USA	Zip 32114-2199	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COBLE, J. KERMIT
 1025 VOLUSIA AVENUE
 SUITE A
 DAYTONA BEACH FL 32020

7. Name and Address of New Registered Agent

Name
Aiden Tozer

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

City
Daytona Beach, FL

Zip Code
32114-2199

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.

SIGNATURE x Aiden W. Tozer DATE 2-23-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 MCDANIEL, ROBERT % 1025 VOLUSIA AVE DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HITSON, JAMES % 1025 VOLUSIA AVE. DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIPPEY, BILL S % 1025 VOLUSIA AVE. DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, JAMES % 1025 VOLUSIA AVE. DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT TOZER, AIDEN % 1025 VOLUSIA AVE. DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ALVIN	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Asst. Sheffield, Alton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Peebles, William	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer Sanders, Edward	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: x Aiden W. Tozer DATE 2-23-00 DAYTIME PHONE # 904-677-3860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)