

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90301 033 ****70.00

000894

DOCUMENT # N03654

1. Entity Name

CENTRAL BAPTIST CHURCH OF THE HALIFAX AREA

Principal Place of Business

142 FAIRVIEW AVE
 DAYTONA BEACH FL 32114-2199
 US

Mailing Address

142 FAIRVIEW AVE
 DAYTONA BEACH FL 32114-2199
 US

2. Principal Place of Business

142 FAIRVIEW AV.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FLA.

City & State

City & State

4. FEI Number

59-0806964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOZER, AIDEN
142 FAIRVIEW AVE
DAYTONA BEACH FL 32114-2199

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 | D | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, ROBERT | |
| STREET ADDRESS | % 1025 VOLUSIA AVE 142 FAIRVIEW AV. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | PEEBLES, WILLIAM | |
| STREET ADDRESS | % 1025 VOLUSIA AVE. 142 FAIRVIEW AV. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RIPPEY, BILL S | |
| STREET ADDRESS | % 1025 VOLUSIA AVE. 142 FAIRVIEW AV. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | SANDERS, EDWARD | |
| STREET ADDRESS | % 1025 VOLUSIA AVE. 142 FAIRVIEW AV. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | CO-P | <input type="checkbox"/> Delete |
| NAME | TOZER, AIDEN | |
| STREET ADDRESS | % 1025 VOLUSIA AVE. 142 FAIRVIEW AV. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SMITH, ALVIN | |
| STREET ADDRESS | % 1025 VOLUSIA AVE 142 FAIRVIEW AV. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: *Aiden Tozer* **Chair Bd of Trustees** 1-7-01 904-677-3860
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)