

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90299 001 ****61.25

DOCUMENT # N07521

1. Entity Name

ROCK CHURCH OF DAYTONA BEACH, INC.



Principal Place of Business

**1818 TAYLOR RD.
DAYTONA BEACH FL 32124-6783**

Mailing Address

**1818 TAYLOR RD.
DAYTONA BEACH FL 32124-6783**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange

Zip

32128

Country

City & State

Port Orange

Zip

32128

Country

4. FEI Number **59-2454925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORINI, FREDERICK D.
135 BROOKSIDE DR.
DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent

Name

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

Port Orange

FL 32128

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **GORINI, FREDERICK D.**
STREET ADDRESS **135 BROOKSIDE DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **Port Orange 32128**

☒ Change ☐ Addition

TITLE **TDS**
NAME **LLOYD, AUTHUR E. JR.**
STREET ADDRESS **9159 SADDLE CLUB DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **CATALANO, GREG**
STREET ADDRESS **6337 PALMAS BAY CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

☐ Delete

TITLE
NAME **CATALANO**
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (10/02)

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:

SIGNATURE REQUIRED **PRESIDENT**

1/30/03 386 788 4540