2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am³ Secretary of State **DOCUMENT # 702418** 1. Entity Name DAYTONA BEACH FLORIDA CONGREGATION OF JEHOVAH'S 03-05-2001 90346 023 ****61.25 Mailing Address Principal Place of Business 5560 S NOVA RD 3501 S CLYDE MORRIS BLVD. DAYTONA BEACH FL 32127 PORT ORANGE FL 32119 US 3. Mailing Address 2. Principal Place of Business 918 Reed Canal Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #251 Applied For City & State 4. FEI Number City & State 59-2336933 Not Applicable So. Daytona Fl. \$8.75 Additional Country Zip 32119 Zip Country 5. Certificate of Status Desired Fee Required 7._Name and Address of New Registered Agent____ 6. Name and Address of Current Registered Agent Stewart, Don Street Address (P.O. Box Number is Not Acceptable) 918 Reed Canal Road #25 STRONG, JAMES 5560 S NOVA RD **DAYTONA BEACH FL 32127** Zip Code 3 2 1 1 9 City So. Daytona 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE RUZYCKY, WILLIAM NAME NAME 744 HUNT CLUB TRAIL STREET ADDRESS STREET ADDRESS PT ORANGE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ۷D ☐ Change ☐ Delete TITLE TITLE PINE, DAVID NAME NAME 812 NEW YORK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL CITY-ST-ZIP ★ Addition Change X Delete TITLE S,T,D TITLE STRONG, JAMES NAME Stewart, Don NAME STREET ADDRESS 5560 S NOVA RD STREET ADDRESS 918 Reed Canal Road #25/ CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL So. Daytona F1 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Oll Don Stewart SIGNATURE: X

I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee emperation.

changed, or on an attachment

02/14/01

904-761-3979