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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706606** **(1)**

1. Corporation Name

SEABREEZE UNITED CHURCH, INC.

Principal Place of Business	Mailing Address
501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118	501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1963
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-0624455 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VAGNOZZI, LAWRENCE J.
2900 N ATLANTIC AVE #1101
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name: Henry B. Burks
82 Street Address (P.O. Box Number is Not Acceptable): 465 Hollywood St.
83:
84 City: Ormond Beach FL 85 Zip Code: 32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Henry B. Burks — Henry B. Burks — 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	TD	☒ Change ☐ Addition
NAME	VAGNOZZI, LAWRENCE J	12 NAME	Henry B. Burks	
STREET ADDRESS	2900 S ATLANTIC AVE	13 STREET ADDRESS	465 Hollywood St.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	14 CITY-ST-ZIP	Ormond Beach, Fl 32176	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	BUTLER, GORDON F	22 NAME	Ava Lamar	
STREET ADDRESS	4141 OTTOWA LANE	23 STREET ADDRESS	944 S. Peninsula Dr. # 207	
CITY-ST-ZIP	ORMOND BEACH FL 32174	24 CITY-ST-ZIP	Daytona Beach, Fl 32118	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BURKS, LUELLA S.	32 NAME		
STREET ADDRESS	465 HOLLYWOOD ST.	33 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL 00000	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	PERRY, CHARLES H.	42 NAME	Carolyn Neal	
STREET ADDRESS	50 WOODRIDGE DR.	43 STREET ADDRESS	2127 S. Peninsula Drive	
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP	Daytona Beach, Fl 32118	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry B. Burks — Henry B. Burks — 5/1/95 — (904) 252-6314
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023807