

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90992 018 ****61.25

DOCUMENT # 706606 1. Entity Name SEABREEZE UNITED CHURCH, INC.					
Principal Place of Business 501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118			Mailing Address 501 NORTH WILD OLIVE AVE DAYTONA BEACH FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMMONS, DIANA 22 TIFFANY CIRCLE ORMOND BEACH FL 32174			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Diana Simmons, Treasurer</i></u> <u><i>Diana Simmons</i></u> <u><i>4-21-04</i></u> 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 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	TD NOVAK, GREG 1077 HORIZON VIEW BLVD PORT ORANGE FL 32129 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kathy Markwith 2306 N. Oklander Ave Daytona Beach, FL 32118 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, MICHAEL 22 TIFFANY CIR ORMOND BEACH FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHERMER, SUE 1 JOHN ANDERSON DR ORMOND BEACH FL 32176 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWEN, LU 403 GLENVIEW BLVD DAYTONA BEACH FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, DIANA 22 TIFFANY CIRCLE ORMOND BEACH FL 32174 ☐ 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	
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: <u><i>Diana Simmons, Treasurer</i></u> <u><i>4/21/04</i></u> <u><i>386-383-0401</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

34001040



MOORE CR2E037 (11/03)

4. FEI Number **59-0624455** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**