2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90179 031 ****61.25

DOCUMENT # 706606

1. Entity Name
SEABREEZE UNITED CHURCH, INC.

40069744

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

04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

SIMMONS, DIANA
22 TIFFANY CIRCLE
ORMOND BEACH, FL 32174

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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 Diana Simmons PD Diana Simmons 4-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MARKWITH, KATHY
STREET ADDRESS	2306 N. OLEANDER AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	PD
NAME	SIMMONS, ~~MICHAEL~~ DIANA
STREET ADDRESS	~~22 TIFFANY CIR~~ 172 Heritage Circle
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	~~SD~~
NAME	~~SAVARD, PAT~~
STREET ADDRESS	~~700 SUNVIEW PLACE~~
CITY-ST-ZIP	~~DAYTONA BEACH, FL 32114~~
TITLE	VD
NAME	BOWEN, LU
STREET ADDRESS	403 GLENVIEW BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	~~TD~~
NAME	~~SIMMONS, DIANA~~
STREET ADDRESS	~~22 TIFFANY CIRCLE~~
CITY-ST-ZIP	~~ORMOND BEACH, FL 32174~~
TITLE	TD
NAME	Gloria Ressler
STREET ADDRESS	69 Circle Creek Way
CITY-ST-ZIP	Ormond Beach FL 32174

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diana Simmons Diana Simmons 4-24-06 386-252-6314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #