FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 16, 2001 8:00 am DOCUMENT # 708420 Secretary of State 1. Entity Name CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF DAYT 01-16-2001 90057 033 ****61.25 Principal Place of Business Mailing Address 1250 BEVILLE ROAD 1250 BEVILLE ROAD DAYTONA BEACH FL 32114-2718 002109 DAYTONA BEACH FL 32114-2718 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0839547 Not Applicable \$8.75 Additional Country Zip -Zip 5:-Certificate of Status Desired. - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOH N R. LEDGERWOOD Street Address (P.O. Box Number is Not Acceptable) HOOVER, RICHARD REV 1342 HURST ST 2174 A S. RIDGEWOOD Ave HOLLY HILL FL 32117 Zip Code 32119 City S. DAYTONY 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. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **X** Addition Change 🔀 Delete TITI F TITLE EVANS, VERNON D NAME NAME BOLLBACK. STREET ADDRESS STREET ADDRESS 1250 BEVILLE RD BEVILLE 1250 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 Change ■ Addition TITLE ☐ Delete TITLE ZINCK, BRIAN NAME STREET ADDRESS 1245 EDDIE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL-32119 ** ☐ Addition Change Delete TITLE TITLE LEDGERWOOD, JOHN NAME 1919 JACKSON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DAYTONA BCH FL 32124 ☐ Addition □ Change □ Delete TITLE GRIGG, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 1401 DEXTER DR NORTH CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32119 Change ☐ Addition Delete TITLE TITLE FRAZIER, ESTHER NAME STREET ADDRESS STREET ADDRESS 824 SUGARHOUSE DR CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32119 Change X Delete TITLE TITLE LDUISE LANIER NAME LANIER, LISA NAME 1250 BEVILLE RD. STREET ADDRESS STREET ADDRESS 719 S BEACH ST APT B-105 CITY-ST-ZIP DAYTONA CITY-ST-ZIP DAYTONA BCH FL 32114 12. I hereby certify that the information supplied with this filling 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.