

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90094 045 ****61.25

DOCUMENT # 708420

1. Entity Name

**CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF DAYT
 ONA BEACH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

1250 BEVILLE ROAD
 DAYTONA BEACH FL 32114-2718

1250 BEVILLE ROAD
 DAYTONA BEACH FL 32114-2718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0839547

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDGERWOOD, JOHN R
 2174 A S RIDGEWOOD AVE
 DAYTONA BEACH FL 32119**

Name

William D O'Brien

Street Address (P.O. Box Number is Not Acceptable)

City

1250 Beville Road
Daytona Beach

FL

Zip Code

32119

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **BOLBACK, REV. A**
 STREET ADDRESS **1250 BEVILLE RD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **P** ☐ Change ☒ Addition
 NAME **Rev. Tom Sefik**
 STREET ADDRESS **1094 Willow Wood Dr**
 CITY-ST-ZIP **Port Orange, FL 32119**

TITLE **S** ☐ Delete
 NAME **ZINCK, BRIAN**
 STREET ADDRESS **1245 EDDIE DR**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **LEDGERWOOD, JOHN**
 STREET ADDRESS **1919 JACKSON LANE**
 CITY-ST-ZIP **DAYTONA BCH FL 32124**

TITLE **T** ☐ Change ☒ Addition
 NAME **William O'Brien**
 STREET ADDRESS **731 Horseman Dr.**
 CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **D** ☐ Delete
 NAME **GRIGG, STEVE**
 STREET ADDRESS **1401 DEXTER DR NORTH**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FRAZIER, ESTHER**
 STREET ADDRESS **824 SUGARHOUSE DR**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LANIER, LOUISE**
 STREET ADDRESS **1250 BEVILLE RD**
 CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Thomas B. Sefik *8/18/02* *(386) 253-3751*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)