

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1/

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

02-01-2001 90014 030 \*\*\*\*61.25

**DOCUMENT # 710952**

1. Entity Name

**SOUTHMINSTER PRESBYTERIAN CHURCH, INCORPORATED** ✓

Principal Place of Business

730 BEVILLE RD.  
DAYTONA BEACH FL 32114

Mailing Address

730 BEVILLE RD.  
DAYTONA BEACH FL 32114

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2009668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VISSCHER, DONNA M  
5232 RIVERSIDE DR  
DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent

Name Same

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.

Donna M. Visscher, Clerk of Session

SIGNATURE

*Donna M. Visscher*

1-22-01

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

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

TITLE	TP	<input checked="" type="checkbox"/> Delete
NAME	TWEEDIE, EARL	
STREET ADDRESS	140 BERMUDA PETREL CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VDT	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, DON	
STREET ADDRESS	189 GULL DR S	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	VISSCHER, DONNA M	
STREET ADDRESS	5232 RIVERSIDE DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARVEY, ED	
STREET ADDRESS	905 PELICAN BAY DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna M. Visscher T	
STREET ADDRESS	5232 Riverside Dr.	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Fowler T	
STREET ADDRESS	1336 Mardrake	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	Sec'y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Wicks T	
STREET ADDRESS	996 Yorktowne Dr.	
CITY-ST-ZIP	Daytona Beach FL 32119	
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Harvey T	
STREET ADDRESS	905 Pelican Bay Dr.	
CITY-ST-ZIP	Daytona Beach FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna M. Visscher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)  
1-22-01 761-5585

CR2E037 (10/00)