

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

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90017 034 \*\*\*\*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**

**J4U000317**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

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

**WICKS, BETTY  
396 YORKTOWNE DR.  
DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

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

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 September 8, 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

TITLE PD  
NAME FOX, CARL ☐ Delete  
STREET ADDRESS 343 KING JAMES ST.  
CITY-ST-ZIP DAYTONA BEACH FL 32119-7403

TITLE VD  
NAME SHAW, ROBERT ☒ Delete  
STREET ADDRESS 1329 CALLE ONITA DR  
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE TD  
NAME MCKEEL, RICHARD ☐ Delete  
STREET ADDRESS 27 RED COACH CT.  
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE SD  
NAME WICKS, BETTY ☐ Delete  
STREET ADDRESS 396 YORKTOWNE DR.  
CITY-ST-ZIP DAYTONA BEACH FL 32119-2350

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☒ Change ☐ Addition  
NAME Bob Brown  
STREET ADDRESS 1701 Louisiana Rd.  
CITY-ST-ZIP So. Daytona, FL 32119

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04

Date

Daytime Phone #