

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715854

1. Entity Name

FIRST ASSEMBLY OF GOD OF DAYTONA BEACH, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90256 006 ****61.25

Principal Place of Business 228 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114	Mailing Address P.O. BOX 2226 DAYTONA BEACH FL 32115-2226 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2236289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCLENDON, GEORGE
751 BELLEVUE AVE
DAYTONA BEACH FL 32114

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.

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**

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	PCD	<input type="checkbox"/> Delete
NAME	DIXON, DICKIE A.	
STREET ADDRESS	401 PELICAN BAY DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAKSEK, LOUIS	
STREET ADDRESS	775 FALCON DR.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLENDON, GEORGE	
STREET ADDRESS	751 BELLEVUE AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
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		<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		
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. DICKIE ALAN DIXON
11 APRIL 2000 904-257-7002
Date Daytime Phone #

CR2E037 (9/99)