

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727441

1. Entity Name

FIRST CHRISTIAN CHURCH OF DAYTONA BEACH, FLORIDA

Principal Place of Business

Mailing Address

326 S PALMETTO AVE
DAYTONA BCH FL 32114

326 S PALMETTO AVE
DAYTONA BCH FL 32114-4920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERSHBERGER, MERRILL
122 W. PIEDMONT AVE.
PORT ORANGE FL 32119

Name

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

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2065830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME HARMON, JANE
STREET ADDRESS 1501 CARMEN AVE
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

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

TITLE TD
NAME WAMBLE, ELLIE I
STREET ADDRESS 1270 COUNTRY RD
CITY-ST-ZIP DAYTONA BCH FL 32119 ☐ Delete

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

TITLE PD
NAME JARRELL, JERRY
STREET ADDRESS 101 TROPIC BIRD CT
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

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

TITLE FD
NAME STAUDT, JIM A
STREET ADDRESS 917 TORCHWOOD DR
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Ellie I. Wamble REQUIRED Ellie I. Wamble 3-25-00 (904) 252-6648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)