## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # 727441** 1. Entity Name FIRST CHRISTIAN CHURCH OF DAYTONA BEACH, FLORIDA 03-16-2001 90041 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 326 S PALMETTO AVE 326 S PALMETTO AVE DAYTONA BCH FL 32114 DAYTONA BCH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2065830 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jerry L. Jarrell Street Address (P.O. Box Number is Not Acceptable) HERSHBERGER, MERRILL 122 W. PIEDMONT AVE. PORT ORANGE FL 32119 Davtona Beach 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. Jerry L. Jarrell Signature, typed or printed name of registered agent and title if applicable DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE TITLE ☐ Delete ☐ Change HARMON, JANE NAME STREET ADDRESS 1501 CARMEN AVE STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP Addition TITLE ☐ Detete TITLE Change WAMBLE, ELLIE I NAME Jack Clow STREET ADDRESS 1270 COUNTRY RD STREET ADDRESS 18 Oakview Cir. CITY-ST-ZIP~ DAYTONA BCH FL 32119 CITY:ST-7IP Ormond Beach, FL TITLE Delete TITLE ☐ Change Addition JARRELL, JERRY NAME NAME 101 TROPIC BIRD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32119 TITLE TITI F ☐ Change ☐ Addition ☐ Delete NAME STAUDT, JIM A NAME STREET ADDRESS STREET ADDRESS 917 TORCHWOOD DR CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIT! F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 life empowered.

FOWDUNTACK CLOW