

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90054 026 ****61.25

DOCUMENT # 727441

1. Entity Name

FIRST CHRISTIAN CHURCH OF DAYTONA BEACH, FLORIDA

Principal Place of Business

**326 S PALMETTO AVE
DAYTONA BCH FL 32114**

Mailing Address

**326 S PALMETTO AVE
DAYTONA BCH FL 32114**

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

59-2065830

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JARRELL, JERRY L
101 TROPIC BIRD COURT
PORT ORANGE 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.

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 \$61.259. 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 **SD** ☐ Delete
NAME **HARMON, JANE**
STREET ADDRESS **1501 CARMEN AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**TITLE **TD** ☐ Delete
NAME **CLOW, JACK**
STREET ADDRESS **18 OAKVIEW CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**TITLE **PD** ☐ Delete
NAME **JARRELL, JERRY**
STREET ADDRESS **101 TROPIC BIRD CT**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **FD** ☐ Delete
NAME **STAUDT, JIM A**
STREET ADDRESS **917 TORCHWOOD DR**
CITY-ST-ZIP **DELAND FL 32724**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)