

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743818

1. Entity Name

LIVING WATERS CHURCH OF DAYTONA BEACH, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90010 035 ****61.25

Principal Place of Business

1016 CLEARWATER ROAD
DAYTONA BEACH FL 32114

Mailing Address

1016 CLEARWATER ROAD
DAYTONA BEACH FL 32114-5705

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BILLIE J
6169 SEQUOIA AVE
PT ORANGE FL 32127

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, IRIS	
STREET ADDRESS	34 LESLIE LANE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, PHYLLIS M	
STREET ADDRESS	6169 SEQUOIA DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, BILLIE J	
STREET ADDRESS	6169 SEQUOIA DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Billie J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/00

Date

(904) 788-9819

Daytime Phone #

CR2E037 (9/99)