

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 22, 2001 8:00 am
Secretary of State

04-26-2001 90212 034 ****61.25

DOCUMENT # N00000005099

1. Entity Name

FLAGLER AREA MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

2557 N. OCEANSHORE BLVD.
 FLAGLER BEACH FL 32136

Mailing Address

2557 N. OCEANSHORE BLVD.
 FLAGLER BEACH FL 32136

change

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

2095 Joyce St

Flagler Beach FL

32136-3441

Flagler

4. FEI Number

59-1744113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HELM, CHARLES
 5301 JOHN ANDERSON HWY.
 FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name *Donald F. Smith*

Street Address (P.O. Box Number is Not Acceptable)
2095 Joyce Street

City *Flagler Beach*

FL

Zip Code *32136-3441*

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 *Donald F. Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Ron McCreary</i> <i>Bunnell FL 32110</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Janie Barrows</i> <i>1305 Ocean Shore Blvd</i> <i>Flagler Beach FL 32136</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Barbara Randall</i> <i>6890 Sea Place Dr</i> <i>St Augustine FL 32086</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Tim Haas</i> <i>1572 S Daytona Ave</i> <i>Flagler Beach FL 32136</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Janie Barrows</i> <i>1305 Ocean Shore Blvd</i> <i>Flagler Beach FL 32136</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jeffrey De Yoe</i> <i>156 Florida Park Drive</i> <i>Palm Coast FL 32137</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Donald F Smith</i> <i>2095 Joyce St</i> <i>Flagler Beach FL 32136-3441</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 647, 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: *Donald F Smith Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

CR2E037 (10/00)