

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90031 045 ****61.25

DOCUMENT # N00331

1. Entity Name

THE SEVENTH-DAY BAPTIST CHURCH OF DAYTONA BEACH,

Principal Place of Business 139-145 FIRST AVE DAYTONA BEACH FL 32114-0201	Mailing Address 139-145 FIRST AVE DAYTONA BEACH FL 32114
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DO NOT WRITE IN THIS SPACE

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 59-1907993	Applied For <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUDERT, DOANLD G 876 W COLONIAL DR DAYTONA BEACH FL 32117		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDERT, DONALD G 876 W COLONIAL DR DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			SD Crouch, Richard 820 Avondale Ave. Holly Hill, FL 32117
			<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, GARRY 4901 JACKSON STREET PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VD Hill, Alfred 1226 Melissa Dr. Port Orange, FL 32119
			<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROUCH, ALAN 1518 POPLAR DR ORMOND BEACH FL 32117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PINDER CLAYTON 3409 KNOTT WAY DELAND FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/>

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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Crouch **Richard Crouch** 1-17-00 (904) 238-6900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #