

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90055 005 ****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 32114-0201

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____

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: PD
 NAME: RUDERT, DONALD G
 STREET ADDRESS: 876 W COLONIAL DR
 CITY-ST-ZIP: DAYTONA BEACH FL
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: TREA
 NAME: PINDER CLAYTON
 STREET ADDRESS: 3409 KNOT WAY
 CITY-ST-ZIP: DELAND FL 32724
 Delete

TITLE: _____
 NAME: *(Came from address)*
 STREET ADDRESS: *409 KNOT WAY*
 CITY-ST-ZIP: *Deland, FL 32724*
 Change Addition

TITLE: SD
 NAME: CROUCH, RICHARD
 STREET ADDRESS: 820 AVONDALE AVE
 CITY-ST-ZIP: HOLLY HILL FL 32117
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: VD
 NAME: HILL, ALFRED
 STREET ADDRESS: 1226 MELISSA DR
 CITY-ST-ZIP: DAYTONA BEACH FL 32119
 Delete

TITLE: VD
 NAME: *Spearl, Michael*
 STREET ADDRESS: *1224 Winterhawk Dr.*
 CITY-ST-ZIP: *St. Augustine, FL 32086*
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Richard Crouch* **REQUIRED**

1-22-01 (904) 238-6903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)