


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90070 039 ****61.25

| | | | | | |
|---|---------------------------|---|---|---|-----------------------------------|
| DOCUMENT # N00331 | | | |  | |
| 1. Entity Name THE SEVENTH-DAY BAPTIST CHURCH OF DAYTONA BEACH, FLORIDA | | | | | |
| 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SPEARL, MICHEAL | | NAME | | |
| STREET ADDRESS | 1224 WINTERHAWK DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32086 | | CITY-ST-ZIP | | |
| TITLE | TREA | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PINDER CLAYTON | | NAME | | |
| STREET ADDRESS | 409 KNOT WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32724 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CROUCH, RICHARD | | NAME | | |
| STREET ADDRESS | 820 AVONDALE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLY HILL, FL 32117 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HILL, ALFRED JR. | | NAME | | |
| STREET ADDRESS | 1226 MELLISA DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PORT ORANGE, FL 32119 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Camenga, Cathy | | NAME | | |
| STREET ADDRESS | 1600 Big Tree Rd Apt. M4 | | STREET ADDRESS | | |
| CITY-ST-ZIP | South Daytona, FL 32119 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>Clayton E Pinder</u> <u>Clayton E PINDER, TREAS.</u> <u>2-1-04</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |

24007606



01232004 Chg-NP CR2E037 (10/03)