


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90019 015 \*\*\*\*61.25

<b>DOCUMENT # N00331</b>	
1. Entity Name <b>THE SEVENTH-DAY BAPTIST CHURCH OF DAYTONA BEACH, FLORIDA</b>	

Principal Place of Business <b>139-145 FIRST AVE DAYTONA BEACH, FL 32114-0201</b>	Mailing Address <b>139-145 FIRST AVE DAYTONA BEACH, FL 32114-0201</b>
--	--

**40018859**

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1907993</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RUDERT, DOANLD G 876 W COLONIAL DR DAYTONA BEACH, FL 32117</b>		7. Name and Address of New Registered Agent Name <b>Spearl, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 First Avenue</b> City <b>Daytona Beach</b> FL Zip Code <b>32114</b>	
--	--	---	--

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 *Michael Spearl* DATE 2/08/2005  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEARL, MICHEAL 1224 WINTERHAWK DR. SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Spearl, Michael 209 First Ave. Daytona Beach, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PINDER CLAYTON 409 KNOT WAY DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, ALFRED JR. 1226 MELLISA DR. PORT ORANGE, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6147 S. RIDGEWOOD AVE #43 PT. ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMENGA, CATHY 1600 BIG TREE RD APT M4 SOUTH DAYTONA, FL 32119 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: *Michael Spearl* DATE 2/08/2005 DAYTIME PHONE # 904 377 4260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR