

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 036 ****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 - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Al Hill

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

249 Palm Castle Drive

City

Port Orange

FL

Zip Code

32127

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

Alfred B. Hill

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

(NOTE: Registered Agent signature required when reinstating)

2/10/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SPEARL, MICHAEL**
STREET ADDRESS **209 FIRST AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TREA** ☐ Delete
NAME **PINDER CLAYTON**
STREET ADDRESS **409 KNOT WAY**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **VD** ☒ Delete
NAME **HILL, ALFRED JR.**
STREET ADDRESS **249 PALM CASTLE DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **S** ☐ Delete
NAME **CAMENGA, CATHY**
STREET ADDRESS **107 MAIN ST**
CITY-ST-ZIP **ENTERPRISE FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Al Hill**
STREET ADDRESS **249 Palm Castle Drive**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **John Mark Camenga**
STREET ADDRESS **107 main Street**
CITY-ST-ZIP **Enterprise, FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information empowered.

SIGNATURE:

Alfred B. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

Date

386-738-9382

Daytime Phone #