2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State
07-23-2008 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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

07082008 Chg-NP CR2E037 (12/06)

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

HILL, AL
249 PALM CASTLE DRIVE
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

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 September 12, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME	HILL, AL		NAME	TRISH Boyd	
STREET ADDRESS	249 PALM CASTLE DRIVE		STREET ADDRESS	401 N. Ridgewood Ave Apt 205	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	TREA	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PINDER CLAYTON		NAME		
STREET ADDRESS	409 KNOT WAY		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HILL, ALFRED JR.		NAME		
STREET ADDRESS	107 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE, FL 32725		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMENGA, CATHY		NAME		
STREET ADDRESS	107 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE, FL 32725		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemptions contained in Chapter 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 like empowered.

SIGNATURE: Alfred B. Hill ALFRED B. HILL 7/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #