# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 20, 2003 8:00 am**
**Secretary of State**
02-14-2003 90198 042 ****61.25

55018068

DOCUMENT # N02000008067

1. Entity Name
NMZMBC CHRISTIAN ACADEMY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 515 DR. M. M. BETHUNE BLVD.<br>DAYTONA BEACH FL 32114 | 515 DR. M. M. BETHUNE BLVD.<br>DAYTONA BEACH FL 32114 |

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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 16-1634228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, KELVIN B
526 OAK STREET
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name: KEVIN B. TAYLOR
Street Address (P.O. Box Number is Not Acceptable): 526 Oak Street
City: Daytona Beach FL Zip Code: 32114

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: KBT KEVIN B. TAYLOR DATE: 2/11/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>KEVIN B. TAYLOR<br>526 Oak Street<br>Daytona Beach, FL 32114 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer D<br>Gloria Lemmons<br>1006 Sandy Terrace Ct.<br>Port Orange, FL 32119 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary D<br>Barbara Combs<br>23 Dartmouth Tr<br>Ormond Beach, FL 32174 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Assistant Treasurer<br>Garrette Covington<br>663 Madison Avenue<br>Daytona Beach, FL 32114 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | At-large Board Member D<br>Sylvester Covington<br>532 Dr. Mary McLeod Bethune Blvd<br>Daytona Beach, FL 32114 ☐ 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 |

CR2E037 (10/02)

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:** KBT SIGNATURE & KEVIN B. TAYLOR 2/11/03 (386)253-5697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytona Phone #