

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90038 008 ****61.25

DOCUMENT # N16460

1. Entity Name

ORMOND BEACH ALLIANCE CHURCH

Principal Place of Business

Mailing Address

**55 NORTH NOVA ROAD
ORMOND BEACH FL 32174-7236**

**55 NORTH NOVA ROAD
ORMOND BEACH FL 32174-7236**

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

23-7371396

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

**ELMER, GEORGE C
55 NORTH NOVA ROAD
ORMOND BEACH FL 32074**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELMER, GEORGE C	
STREET ADDRESS	825 W. VICTORIA CR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CREWS, JACK	
STREET ADDRESS	3325 RELAY RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANE, IRIS	
STREET ADDRESS	738 S SANS SOUCI AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lester Cochran	
STREET ADDRESS	1549-CULVERHOUSE DR.	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET WEAVER	
STREET ADDRESS	1310 FLEMING AVE. #265	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

George C. Elmer
George C. Elmer

Date

Daytime Phone #

386-677-0242

CR2E037 (9/01)