

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30652

1. Entity Name

ST. MARY'S EPISCOPAL CHURCH OF DAYTONA BEACH, IN

Principal Place of Business

216 ORANGE AVE.
DAYTONA BEACH FL 32114

Mailing Address

216 ORANGE AVE.
DAYTONA BEACH FL 32114-4312

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 59-0714832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, FRAN RIZZO
935 WILLOW RUN
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

The Rev. Lee Powers

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

216 Orange Avenue

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-2000

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACDONALD, ROBERT S 2264 LAS FUENTES DR S DAYTONA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIELICK, KAY 3 OCEANS WEST BLVD DAYTONA FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORLISS, PETER 1216 MANDRAKE ROAD DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUNNINGHAM, JOHN 3 WALDEN LN. ORMOND BCH. FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENNER, PAT 105 MEADOWBROOK CIR DAYTONA BCH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHEY, JIM 108 KINGS PT CT DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Warden (D) Robert Kunding 520 Mercers Fernery Rd. DeLand, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Fran Rizzo Dunn 935 Willow Run Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Junior Warden (D) Herb Albaugh 69 Calumet Avenue Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2000



DO NOT WRITE IN THIS SPACE

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90002 022 ****61.25

CR2E037 (9/99)