# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 31, 2001 8:00 am**
**Secretary of State**
07-31-2001 90014 011 ****70.00

D0059940

DO NOT WRITE IN THIS SPACE

DOCUMENT # N44431

1. Entity Name

NEW LIFE MISSIONARY BAPTIST CHURCH OF DAYTONA BE (LR)

| Principal Place of Business | Mailing Address |
|---|---|
| 1625 DERBYSHIRE RD<br>HOLLY HILL FL 32117<br>US | 1625 DERBYSHIRE RD<br>HOLLY HILL FL 32117<br>US |

| 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 59-3080595 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

GOODEN, VICTOR E.
1022 ALICE DRIVE
DAYTONA BEACH FL 32117

**7. Name and Address of New Registered Agent**

Name Gooden, Victor E.
Street Address (P.O. Box Number is Not Acceptable) 809 Pelican Bay Dr.
City Daytona Beach FL Zip Code 32119

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WIGGINS, LILLIE<br>1717 MASON AVE #111<br>DAYTONA BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Wilson, Carolyn<br>1355 Continental Dr.<br>Daytona Beach, FL 32117 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SINGLETON, MAMIE<br>1654 WIMBERLY CIRCLE<br>DAYTONA BEACH FL 32117 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HOLMES, JR., BENJAMIN<br>1605 STOCKING ST<br>DAYTONA BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STALLING, WALTER JR<br>935 SCHOOL ST<br>DAYTONA BEACH FL 32114 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GOODEN, VICTOR<br>613 WILLIAMSBURG DR.<br>DAYTONA BCH FL 32117 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPELL, JOHN<br>541 COLFAX DRIVE<br>DAYTONA BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Victor E. Gooden Victor E. Gooden 7/24/01 (386) 677-6222