

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002Q61

1. Entity Name

DAYTONA BEACH FAITH CENTER INTERNATIONAL, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90095 046 ****61.50

0068971

Principal Place of Business

1840 MASON AVE
DAYTONA BCH FL 32117
US

Mailing Address

P.O. BOX 11227
DAYTONA BEACH FL 32120

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

59-3282803

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

JULISON, ED
1840 MASON AVE
DAYTONA BEACH FL 32117

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

Edward Julison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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	D	<input type="checkbox"/> Delete
NAME	JULISON, ED	
STREET ADDRESS	1840 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	JULISON, RENEE	
STREET ADDRESS	1840 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRYOR, COREY	
STREET ADDRESS	1840 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Edward Julison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 386 274 2929

CR2E037 (10/00)