2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N98000006853** Jan 22, 2000 8:00 am 1. Entity Name Secretary of State SOUTHEAST VOLUSIA COUNTY MINISTERIAL ASSOCIATION 01-22-2000 90009 033 ****61.25 Principal Place of Business Mailing Address EDGEWATER ALLIANCE CHURCH EDGEWATER ALLIANCE CHURCH 310 N RIDGEWOOD AVE 310 N RIDGEWOOD AVE **EDGEWATER FL 32132-1618** EDGEWATER FL 32132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3587319 Applied For City & State City & State APPLIED FOR Not Applicable Zip. - - - - -Country Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FOLDY, TIMOTHY **EDGEWATER ALLIANCE CHURCH** 310 N RIDGEWOOD AVE City Zip Code **EDGEWATER FL 32132** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Addition TITLE PD ☐ Delete TITLE FOLDY, TIMOTHY NAME NAME STREET ADDRESS STREET ADDRESS 310 N RIDGEWOOD AVE CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32132** Addition 🔀 Delete TITLE ☐ Change TITLE Crowe, Randy BANNISTER, BRETT NAME NAME 214 Sams Ave STREET ADDRESS STREET ADDRESS 2193 STATE ROAD 44 New Sayrac Beach, FL 32168 CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 SD ☐ Delete TITLE PD Change Addition TITLE KANTZ, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 1210 MISSION DRIVE CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** ☐ Change Addition Delete TITLE TITLE # marsh, John ADEWUMI, ADEWALE NAME NAME 3232 S Ridgewood Ave STREET ADDRESS 406 N MYRTLE AVE STREET ADDRESS Edgewater, FL CITY-ST-ZIP CITY-ST-ZIF NEW SMYRNA BEACH FL 32168 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STCHWATUFICATEQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

904-427-0385

Daytime Phone #