

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006853

1. Entity Name

SOUTHEAST VOLUSIA COUNTY MINISTERIAL ASSOCIATION

Principal Place of Business

Mailing Address

EDGEWATER ALLIANCE CHURCH
310 N RIDGEWOOD AVE
EDGEWATER FL 32132

EDGEWATER ALLIANCE CHURCH
310 N RIDGEWOOD AVE
EDGEWATER FL 32132

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

59-3587319

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

FOLDY, TIMOTHY
EDGEWATER ALLIANCE CHURCH
310 N RIDGEWOOD AVE
EDGEWATER FL 32132

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FOLDY, TIMOTHY
310 N RIDGEWOOD AVE
EDGEWATER FL 32132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KANTZ, JEFF
1210 MISSION DRIVE
NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Charles Acheson
201 S Orange St.
New Smyrna Beach, FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CROWE, RANDY
214 SAMS AVE
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARSH, JOHN
3232 S RIDGEWOOD AVE
EDGEWATER FL 32141 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Gary Vogel
1015 10th St
New Smyrna Beach, FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

904-427-0385

Daytime Phone #

CR2E037 (10/00)