

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006853

1. Entity Name

SOUTHEAST VOLUSIA COUNTY MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

**EDGEWATER ALLIANCE CHURCH
310 N RIDGEWOOD AVE
EDGEWATER FL 32132**

Mailing Address

**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	TD	<input type="checkbox"/> Delete
NAME	FOLDY, TIMOTHY	
STREET ADDRESS	310 N RIDGEWOOD AVE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ACHESON, CHARLES	
STREET ADDRESS	201 S ORANGE ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROWE, RANDY	
STREET ADDRESS	214 SAMS AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, GARY	
STREET ADDRESS	1015 10 ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Richardson	
STREET ADDRESS	509 magnolia	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

1/17/02

386-427-0385

Date

Daytime Phone #

CR2E037 (9/01)