

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

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**



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-3587319** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000023319
02/02/04-80022-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	FOLDY, TIMOTHY
STREET ADDRESS	310 N RIDGEWOOD AVE
CITY - ST - ZIP	EDGEWATER, FL 32132
TITLE	PD
NAME	CROWE, RANDY
STREET ADDRESS	214 SAMS AVE
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VD
NAME	BREMER, DON
STREET ADDRESS	310 DOUGLAS ST
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	SD
NAME	ALLEN, WALTER
STREET ADDRESS	629 S. PINE ST.
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Timothy Foldy Timothy Foldy 1/27/04 386 427-0385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #