

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90039 044 ****61.25

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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

40005949



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	FOLDY, TIMOTHY	
STREET ADDRESS	310 N RIDGEWOOD AVE	
CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CROWE, RANDY	
STREET ADDRESS	214 SAMS AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREMER, DON	
STREET ADDRESS	310 DOUGLAS ST	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLEN, WALTER	
STREET ADDRESS	629 S. PINE 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bremer, Don	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Marsh	
STREET ADDRESS	3232 S Ridgewood Ave	
CITY-ST-ZIP	Edgewater, FL 32141	
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: Timothy Foldy 1/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #