

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # N98000006853

1. Entity Name

SOUTHEAST VOLUSIA COUNTY MINISTERIAL  
ASSOCIATION, INC.



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

1st MOORE

CR2E037 (10/05)

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. 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

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TD  
FOLDY, TIMOTHY  
310 N RIDGEWOOD AVE  
EDGEWATER FL 32132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
MARSH, JOHN  
3232 SOUTH RIDGEWOOD AVENUE  
EDGEWATER FL 32141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
BREMER, DON  
310 DOUGLAS ST  
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
ALLEN, WALTER  
629 S. PINE ST.  
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

1/18/06 386.427-0395