2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N98000006853

Entity Name: SOUTHEAST VOLUSIA COUNTY MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business:

EDGEWATER ALLIANCE CHURCH
310 N RIDGEWOOD AVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

EDGEWATER ALLIANCE CHURCH
310 N RIDGEWOOD AVE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-3587319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FOLDY, TIMOTHY	
Address:	310 N RIDGEWOOD AVE	
City-St-Zip:	EDGEWATER, FL 32132	
Title:	VD	( ) Delete
Name:	MARSH, JOHN	
Address:	3232 SOUTH RIDGEWOOD AVENUE	
City-St-Zip:	EDGEWATER, FL 32141	
Title:	PD	( ) Delete
Name:	BREMER, DON	
Address:	310 DOUGLAS ST	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	SD	( ) Delete
Name:	ALLEN, WALTER	
Address:	629 S. PINE ST.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	KEAZIRIAN, DAVID	
Address:	509 MAGNOLIA STREET	
City-St-Zip:	NEW SMYRNA BEAC, FL 32168	
Title:	PD	(X) Change ( ) Addition
Name:	FRESHOUR, GLEN	
Address:	201 SOUTH ORANGE STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A FOLDY TD 01/09/2008

Electronic Signature of Signing Officer or Director — Date