

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90073 027 ****61.25

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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3587319**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **FOLDY, TIMOTHY**
STREET ADDRESS **310 N RIDGEWOOD AVE**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **ACHESON, CHARLES**
STREET ADDRESS **201 S ORANGE ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **VD** ☐ Change ☒ Addition
NAME **Don Bremer**
STREET ADDRESS **310 Douglas St.**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **VD** ☐ Delete
NAME **CROWE, RANDY**
STREET ADDRESS **214 SAMS AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **PD** ☒ Change ☐ Addition
NAME **Same info as "VD" - Randy Crowe**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BEVERLY, RICHARDSON**
STREET ADDRESS **509 MAGNOLIA**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **SD** ☐ Change ☒ Addition
NAME **Walter Allen**
STREET ADDRESS **629 S. Pine St.**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Foldy

1/7/03

386-427-0385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)