

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

DOCUMENT # **N9800006853**

1. Entity Name  
**SOUTHEAST VOLUSIA COUNTY MINISTERIAL ASSOCIATION  
, INC.**



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

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



CHECK HERE IF MAKING CHANGES

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**

2. Principal Place of Business **EDGEWATER ALLIANCE CHURCH**

3. Mailing Address **310 N RIDGEWOOD AVE**

**EDGEWATER FL 32132**

4. City & State **EDGEWATER FL 32132**

5. Zip **32132**

6. Name and Address of Current Registered Agent

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

Name **Timothy Foldy**

Street Address (P.O. Box Number is Not Acceptable)

City **EDGEWATER**

FL Zip Code **32132**

7. 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 *Timothy Foldy*

Signature, typed or printed name of registered agent and title if applicable.

*Timothy Foldy* Treasurer

1/7/03

DATE

(NOTE: Registered Agent signature required when reinstating)

**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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

Change  Addition

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 **Randy Crowe**  
STREET ADDRESS **Same info as "VD"**  
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: *Timothy Foldy* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

386-427-0385

Daytime Phone #