

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90015 036 \*\*\*\*61.25

**DOCUMENT # N00331**

1. Entity Name

**THE SEVENTH-DAY BAPTIST CHURCH OF DAYTONA  
BEACH, FLORIDA**



Principal Place of Business

**139-145 FIRST AVE  
DAYTONA BEACH FL 32114-0201**

Mailing Address

**139-145 FIRST AVE  
DAYTONA BEACH FL 32114-0201**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1907993**

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

Name

**Al Hill**

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

**249 Palm Castle Drive**

City

**Port Orange**

FL

Zip Code

**32127**

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

*Alfred B. Hill*

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

(NOTE: Registered Agent signature required when reinstating)

**2/10/07**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 **P** ☒ Delete  
NAME **SPEARL, MICHAEL**  
STREET ADDRESS **209 FIRST AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TREA** ☐ Delete  
NAME **PINDER CLAYTON**  
STREET ADDRESS **409 KNOT WAY**  
CITY-ST-ZIP **DELAND FL 32724**

TITLE **VD** ☒ Delete  
NAME **HILL, ALFRED JR.**  
STREET ADDRESS **249 PALM CASTLE DR**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **S** ☐ Delete  
NAME **CAMENGA, CATHY**  
STREET ADDRESS **107 MAIN ST**  
CITY-ST-ZIP **ENTERPRISE FL 32725**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Al Hill**  
STREET ADDRESS **249 Palm Castle Drive**  
CITY-ST-ZIP **Port Orange, FL 32127**

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **John Mark Camenga**  
STREET ADDRESS **107 main Street**  
CITY-ST-ZIP **Enterprise, FL 32725**

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

TITLE ☐ Change ☐ Addition  
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 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 information empowered.

SIGNATURE:

*Alfred B. Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-13-07**

Date

**386-738-9382**

Daytime Phone #