

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:31

DOCUMENT # 700679 (4)

1. Corporation Name

NEW SMYRNA BEACHSIDE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

BEACH FLORIDA INC
629 S PINE ST
NEW SMYRNA BEACH FL 32170

BEACH FLORIDA INC
629 S PINE ST
NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1960

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1024470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACHOS, GEORGE L
808 E 16TH AVE
NEW SMYRNA BEACH FL 32069

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SMITH, BRUCE

STREET ADDRESS

825 HOPE AVE

CITY-ST-ZIP

NEW SMYRNA BCH FL

TITLE

DP

NAME

STRATTON, DAVID T

STREET ADDRESS

606 GOODWIN AVENUE

CITY-ST-ZIP

NEW SMYRNA BCH FL

TITLE

T

NAME

STRATTON, HENTHA

STREET ADDRESS

606 GOODWIN AVE

CITY-ST-ZIP

NEW SMYRNA BCH FL

TITLE

D

NAME

MCCLAIN, YVONNE B

STREET ADDRESS

818 17TH AVENUE

CITY-ST-ZIP

NEW SMYRNA BEACH FL

TITLE

D

NAME

NEWHOUSE, WILLIAM

STREET ADDRESS

814 HOPE AVE

CITY-ST-ZIP

NEW SMYRNA BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hentha T. Stratton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-1995 904-428-6450
Date (Anytime 1 Year)