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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32169-2946

3. Date Incorporated or Qualified: 03/19/1960
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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

9. Name and Address of Current Registered Agent

STRATTON, DAVID T
606 GOODWIN AVE
NEW SMYRNA FL 32169

10. Name and Address of New Registered Agent

81 Name: David T. Stratton
82 Street Address (P.O. Box Number is Not Acceptable): 606 Goodwin Ave.
83 New Smyrna Beach
84 City: FL 85 Zip Code: 32169

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: David T Stratton 02-26-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, BRUCE		1.2 NAME	Mitchell Shutts	
STREET ADDRESS	825 HOPE AVE		1.3 STREET ADDRESS	2220 Juanita Dr. P.O. Box 48	
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32170	
TITLE	DP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	STRATTON, DAVID T		2.2 NAME	Ester Wood	
STREET ADDRESS	606 GOODWIN AVENUE		2.3 STREET ADDRESS	2020 Caldwell Street	
CITY-ST-ZIP	NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRATTON, HENTHA		3.2 NAME		
STREET ADDRESS	606 GOODWIN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IVES, FRED		4.2 NAME		
STREET ADDRESS	PO BOX 2604		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEWHOUSE, WILLIAM		5.2 NAME		
STREET ADDRESS	814 HOPE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, BENJAMIN		6.2 NAME		
STREET ADDRESS	4627 SAXON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP		

CR2E060 (9/96)

14. I do 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 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 617, 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 02-26-97 904-428-6950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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