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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 32170

3. Date Incorporated or Qualified: 03/19/1960

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 03-01-98
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	Deacon	☐ Change ☒ Addition
NAME	MITCHELL SHEETS		1.2 NAME	Arnold Birkett	
STREET ADDRESS	2220 JUANITA DR.		1.3 STREET ADDRESS	4624 Beacon Light Rd.	
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	DP	☐ DELETE	2.1 TITLE	Deacon	☐ Change ☒ Addition
NAME	STRATTON, DAVID T		2.2 NAME	Ray Simpson	
STREET ADDRESS	606 GOODWIN AVENUE		2.3 STREET ADDRESS	505 Golden Arms	
CITY-ST-ZIP	NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
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	ESTER WOOD		6.2 NAME		
STREET ADDRESS	2020 CALDWELL ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Hertha T. Stratton 03-01-98 904-428-6950