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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700679

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21	26	03/19/1960	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22	27	59-1024470	☐ Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23	28		
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 / 25	29 / 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: IVES, FRED
82 Street Address (P.O. Box Number is Not Acceptable): 1276 REID DR.
83: (P.O. Box 2604)
84 City: NEW SMYRNA BCH FL 85 Zip Code: 32168

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: Fred Ives — 1/20/99
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	S/D	☒ Change ☐ Addition
NAME	MITCHELL SHEETS		1.2 NAME		
STREET ADDRESS	2220 JUANITA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME	STRATTON, DAVID T		2.2 NAME	SIMPSON, RAY	
STREET ADDRESS	606 GOODWIN AVENUE		2.3 STREET ADDRESS	601 N. ATLANTIC AVE #505	
CITY-ST-ZIP	NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	STRATTON, HENTHA		3.2 NAME	ALLEN, WALTER	
STREET ADDRESS	606 GOODWIN AVE		3.3 STREET ADDRESS	3 LYNN COURT	
CITY-ST-ZIP	NEW SMYRNA BCH FL		3.4. CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168	
TITLE	D	☐ DELETE	4.1 TITLE	D/P	☒ 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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1/20/99 — 904-428-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)