2000 ANNUAL BUSINESS REPORT (UBR)

DOCUMENT # 700679

1. Entity Name

NEW SMYRNA BEACHSIDE BAPTIST CHURCH INC.

FILED
May 09, 2000 8:00 am
Secretary of State
03-22-2000 90068 046 ****61.25

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 FLA 32169-2946

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip: 32169-2946 Country	Zip: Country

4. FEI Number: 59-1024470 ☐ 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
IVES, FRED 1276 REID DR P O BOX 2604 NEW SMYRNA BCH FL 32168	Name: Walter Allen Street Address (P.O. Box Number is Not Acceptable): 3 Lynn Court City: New Smyrna Beach FL Zip Code: 32168-6336

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.

SIGNATURE: Walter Allen Walter Allen 03/18/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Effect on Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MITCHELL SHEETS 2220 JUANITA DR. NEW SMYRNA BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Libby Thompson 823 Hope Ave. New Smyrna Beach, FL 32169 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, RAY 601 N ATLANTIC AVE 505 NEW SMYRNA BCH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bruce E. Smith, Sr 231 Meadow Lake Dr. Edgewater, FL. 32141 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLEN, WALTER 3 LYNN CT NEW SMYRNA BCH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP IVES, FRED PO BOX 2604 NEW SMYRNA BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 like empowered.

SIGNATURE: Walter Allen Walter Allen 03/18/2000 904-428-9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #