

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700679

FILED
Feb 23, 2005
Secretary of State

Entity Name: NEW SMYRNA BEACHSIDE BAPTIST CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1024470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, ALLEN
3 LYNN COURT
NEW SMYRNA BEACH, FL 32168636 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRADLEY, MARY
Address: 436 BOUCHELL DR. #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: SMITH, BRUCE E SR
Address: 231 MEADOW LAKE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: ALLEN, WALTER
Address: 3 LYNN CT
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: DEEDS, JACK
Address: 836 25TH AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALLEN, WALTER
Address: 3 LYNN CT
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ALLEN

P

02/23/2005

Electronic Signature of Signing Officer or Director

Date