FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 736194 (2)

1. Corporation Name

NEW SMYRNA BEACH CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
1851 W. CANAL ST. RT 114 NEW SMYRNA BCH FL 32168	1851 W. CANAL ST. RT 114 NEW SMYRNA BCH FL 32168

3. Date Incorporated or Qualified: 06/24/1976

3a. Date of Last Report: 04/10/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26: 1851 ST RT 44

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28: NEW SMYRNA BCH. FL

Zip — 24:

Country — 25:

Zip — 29: 32168

Country — 30: Volusia

4. FEI Number: 59-2376765 ☐ 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

SCHAEFER, JOHN H.
2125 PATTY ROAD
NEW SMYRNA BEACH FL 32032

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEFER, JOHN		1.2 NAME		
STREET ADDRESS	2125 PATTY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	NICHOLS, HAROLD		2.2 NAME	ART REISS	
STREET ADDRESS	802 E 11TH AVE		2.3 STREET ADDRESS	201 LOS DEMAS	
CITY-ST-ZIP	NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, JOHN		3.2 NAME		
STREET ADDRESS	4153 S ATLANTIC AVE #105		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH 32069		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LANGLEY, MALVIN R.		4.2 NAME		
STREET ADDRESS	181 HIBISCUS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	MAYBERRY, ROBERT		5.2 NAME	JIM LOTTRELL	
STREET ADDRESS	434 LA PLAYA CT		5.3 STREET ADDRESS	19 CAMINO REAL CT.	
CITY-ST-ZIP	EDGEWATER, FL. 32032		5.4 CITY-ST-ZIP	EDGEWATER, FL. 32132	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DON		6.2 NAME		
STREET ADDRESS	173 DOUGLAS ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/1/96 904-427-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #