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May 21 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 # 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 ST RD 44 RT 114 NEW SMYRNA BCH FL 32168 US

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

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

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 1851 W. Canal St.	26 1851 St RD 44
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: New Smyrna Beach, FL	28 City & State: New Smyrna Beach, FL
24 Zip: 32168 / 25 Country: USA	29 Zip: 32168 / 30 Country: USA

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	T	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	REISS, ART		2.2 NAME	Eckert, Clifford E.	
STREET ADDRESS	201 LOS DEMAS		2.3 STREET ADDRESS	2203 Vista Palm Dr.	
CITY-ST-ZIP	EDGEWATER 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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, FRANCIS		4.2 NAME		
STREET ADDRESS	507 OLD MINORCAN TR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	LOTTRELL, JIM		5.2 NAME	Luttrell, Jim	
STREET ADDRESS	19 CAMINO REAL COURT		5.3 STREET ADDRESS	321 Pine Breeze Dr.	
CITY-ST-ZIP	EDGEWATER, FL. 32032		5.4 CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	D	☒ DELETE	6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	SMITH, DON		6.2 NAME	Grimes, Bill	
STREET ADDRESS	173 DOUGLAS ST		6.3 STREET ADDRESS	2247 Deerwood Dr.	
CITY-ST-ZIP	EDGEWATER FL		6.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	

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: Clifford E. Eckert 4/22/98 904-409-0654