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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 736194

1. Corporation Name
NEW SMYRNA BEACH CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
1851 W CANAL ST NEW SMYRNA BCH FL 32168 US	1851 ST RD 44 NEW SMYRNA BCH FL 32168 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/24/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2376765 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 JOHN H. SCHAEFER — APRIL 16, 1999 (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		☐ Change ☐ Addition
NAME	ECKERT, CLIFFORD E		2.2 NAME		
STREET ADDRESS	2203 VISTA PALM DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		2.4 CITY-ST-ZIP		
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	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	LUTTRELL, JIM		5.2 NAME	BERRYMAN, WOODY	
STREET ADDRESS	321 PINE BREEZE DR		5.3 STREET ADDRESS	601 RASLEY RD.	
CITY-ST-ZIP	EDGEWATER FL 32141		5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, BILL		6.2 NAME		
STREET ADDRESS	2247 DEERWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168		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 — 4/16/99 — (904) 427 6851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)