2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736194

1. Entity Name

NEW SMYRNA BEACH CHRISTIAN CHURCH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90120 039 ****61.25

Principal Place of Business	Mailing Address
1851 W CANAL ST NEW SMYRNA BCH FL 32168 US	1851 ST RD 44 NEW SMYRNA BCH FL 32168-8342 US

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	Country	Zip	Country

4. FEI Number 59-2376765 ☐ 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
SCHAEFER, JOHN H. 2125 PATTY ROAD NEW SMYRNA BEACH FL 32032	Name: Lowe, Francis Street Address (P.O. Box Number is Not Acceptable): 507 Old Minorcan TR City: New Smyrna Beach, FL Zip Code: 32168

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 Lowe, Francis Francis Lowe 4/13/00
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. Election 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	D SCHAEFER, JOHN 2125 PATTY ROAD NEW SMYRNA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECKERT, CLIFFORD E 2203 VISTA PALM DR EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, JOHN 4153 S ATLANTIC AVE #105 NEW SMYRNA BCH 32069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, FRANCIS 507 OLD MINORCAN TR NEW SMYRNA BCH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERRYMAN, WOODY 601 RASLEY RD NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIMES, BILL 2247 DEERWOOD DR NEW SMYRNA BCH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Francis Lowe Francis Lowe 4/13/00 (904)423-4756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #