

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736194

1. Entity Name

NEW SMYRNA BEACH CHRISTIAN CHURCH, INC.

Principal Place of Business

1851 W CANAL ST
NEW SMYRNA BCH FL 32168
US

Mailing Address

1851 ST RD 44
NEW SMYRNA BCH FL 32168
US

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

LOWE, FRANCIS
507 OLD MINORCAN TRAIL
NEW SMYRNA BEACH FL 32168

Name

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

City

FL

Zip Code

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

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 D ☒ Delete
NAME SCHAEFER, JOHN
STREET ADDRESS 2125 PATTY ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ECKERT, CLIFFORD E
STREET ADDRESS 2203 VISTA PALM DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILSON, JOHN
STREET ADDRESS 4153 S ATLANTIC AVE #105
CITY-ST-ZIP NEW SMYRNA BCH 32069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOWE, FRANCIS
STREET ADDRESS 507 OLD MINORCAN TR
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BERRYMAN, WOODY
STREET ADDRESS 601 RASLEY RD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME GRIMES, BILL
STREET ADDRESS 2247 DEERWOOD DR
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 (386)423-4752

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE