

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90007 012 ****61.25

DOCUMENT # 736194

1. Entity 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

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	ECKERT, CLIFFORD E	
STREET ADDRESS	2203 VISTA PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	☒ Delete
NAME	WILSON, JOHN	
STREET ADDRESS	4153 S ATLANTIC AVE #105	
CITY-ST-ZIP	NEW SMYRNA BCH 32069	
TITLE	D	☐ Delete
NAME	LOWE, FRANCIS	
STREET ADDRESS	507 OLD MINORCAN TR	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	T	☐ Delete
NAME	BERRYMAN, WOODY	
STREET ADDRESS	601 RASLEY RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☐ Addition
NAME	Berryman, Woody	
STREET ADDRESS	601 Rasley Rd.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	☐ Change ☒ Addition
NAME	Higginbotham, Sam	
STREET ADDRESS	601 Rasley Rd.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	T	☐ Change ☒ Addition
NAME	Mullen, Russell	
STREET ADDRESS	320 Pine Breeze Dr.	
CITY-ST-ZIP	Edgewater, FL. 32141	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (386) 427-3312

Date Daytime Phone #

CR2E037 (9/01)