2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 736194 03-21-2005 90092 042 ****61.25 NEW SMYRNA BEACH CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 1851 W CANAL ST 1851 ST RD 44 NEW SMYRNA BCH, FL 32168 NEW SMYRNA BCH, FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2376765 City & State City & State Applied For Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas D. Reece Sr MELDER, JOHN Street Address (P.O. Box Number is Not Acceptable) 302 S. RIDGEWOOD AVE. #2 EDGEWATER, FL 32132 New Smyrna Beach 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. I arm familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when rematating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Tom Reece TIME Delete TITLE MELDER, JOHN NAME NAME 112 Cedar Dunes 302 S. RIDGEWOOD AVE. #2 STREET ADORESS STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32132 CITY-ST-7IP New Smyrna Beach, FL 32169 Delete TITLE ☐ Change Addition Ben Lina O'NEAL, PELHAM NAME NAME 2513 Glénwood Drive 3112 SUNDANCE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 City-St-7P Edgewater FL 32141 TITLE **≭** Delete Change **Addition** Ethel Luttrel HERNANDEZ, BILL NAME NAME 321 Pine Breeze Dr. STREET ADDRESS **1851 STATE ROAD 44** STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP 32141 Edgewater TTR F ☐ Delete TITLE ☐ Change Addition PRITCHARD, ALLAN NAME NAME STREET ADORESS 1033 MAGNOLIA CIRCLE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ² Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 this tee 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 address, with all other SIGNATURE:

FILED

Mar 21, 2005 8:00 am

Daytime Phone #