## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 736194

1. Entity Name

NEW SMYRNA BEACH CHRISTIAN CHURCH, INC.

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FILED
Mar 17, 2003 8:00 am §
Secretary of State
03-17-2003 91072 006 \*\*\*\*61.25

TITLE  D BERRYMAN, WOODY STREET ADDRESS OCTY-ST-ZIP NEW SMYRNA BEACH FL 32168  D HIGGINBOTHAM, SAM 601 RASLEY RD NEW SMYRNA BEACH-FL 32168  D HOWE, FRANCIS STREET ADDRESS				[ ]					
Suite, Apt. #, etc.    Suite, Apt. #, etc.	1851 W CANAL ST 1851 ST NEW SMYRNA BCH FL 32168 NEW SM		1851 ST RD 44 NEW SMYRNA BCH FL 321	ST RD 44					
City & State  Ci	Principal Place of Business     Address     Address								
Zip Country Zip Country Zip Country S. Certification of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee	Suite, Apt. #, etc. Suite, Apt. #, etc.			<del>-</del>		☐ CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  1. Name and Address of New Registered Agent  1. Name Addres	City & State City & St		City & State	State		4. FEI Number 59-2376765 Applied			<del>· · · · · · · · · · · · · · · · · · · </del>
E. Name and Address of New Registered Agent    Name	Zip	Country	Zip	Country		5. Certificate of Sta		8.75 Ac	dditional
LOWE, FRANCIS 507 OLD MINORCAN TRAIL NEW SMYRNA BEACH FL 32168  8. The above named entity-domits pair statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent agent agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent agent agent and the registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of my first agent ag		6. Name and Address of Current	Registered Agent		mangager, ittica	- 7 Name and Addr			<del>3</del> 0
B. The above named entity-domits this featenment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of repostered agent.  SIGNATURE    SIGNATURE	507 OLD	D MINORCAN TRAIL			Sam Street Address (F	Higgin both	ot Acceptable)		
8. The aboven named entity-domits by-domits played statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the p				[ ]	Nau Sa	wer Beach	FL	Zip Cod	de Ø
TITLE  DERRYMAN, WOODY BERRYMAN, WOODY OF STREET ADDRESS OF ASLEY RD NEW SMYRNA BEACH FL 32168  D HIGGINBOTHAM, SAM 601 RASLEY RD NEW SMYRNA BEACH FL 32168  D HIGGINBOTHAM, SAM 601 RASLEY RD NEW SMYRNA BEACH FL 32168  D LOWE, FRANCIS SIREET ADDRESS STREET ADDRE			9. Election Carr	npaign Fina	uncing	\$5.00 May Be	Make Check	, Payable	
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BERRYMAN, WOODY 601 RASLEY RD NEW SMYRNA BEACH FL 32168  TITLE NAME 601 RASLEY RD NEW SMYRNA BEACH FL 32168  TITLE NAME 601 RASLEY RD NEW SMYRNA BEACH FL 32168  CITY-ST-ZIP  LOWE, FRANCIS STREET ADDRESS 507 OLD MINORCAN TR NEW SMYRNA BCH FL TITLE					- <u> </u>	DDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	J 10
HIGGINBOTHAM, SAM STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH-FL 32168  LOWE, FRANCIS STREET ADDRESS STREET ADD	NAME Street address	BERRYMAN, WOODY 601 RASLEY RD	•	NAME STRÊET A	l l			Change	☐ Addition
TITLE  LOWE, FRANCIS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  NAME BERRYMAN, WOODY 601 RASLEY RD NEW SMYRNA BEACH FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MULLEN, RUSSELL STREET ADDRESS CITY-ST-ZIP  TITLE  MULLEN, RUSSELL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MULLEN, RUSSELL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH NAME STREET ADDRESS CITY-ST-ZIP NEW SMYRNA NAME	NAME STREET ADORESS	HIGGINBOTHAM, SAM 601 RASLEY RD		NAME STREET A				_ 、	Addition
BERRYMAN, WOODY 601 RASLEY RD NEW SMYRNA BEACH FL 32168  TITLE THANK STREET ADDRESS CITY-ST-ZIP  MULLEN, RUSSELL 320 PINE BREEZE DR CITY-ST-ZIP CITY-ST-ZIP  Delete  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NEW Smyran Benen, FL 32168  Change Addition  STREET ADDRESS CITY-ST-ZIP  NEW Smyran Benen, FL 32168  CHANGE STREET ADDRESS CITY-ST-ZIP  NEW Smyran Benen, FL 32168	NAME STREET ADDRESS	LOWE, FRANCIS 507 OLD MINORCAN TR	Delete	NAME Street a				Change	Addition
MULLEN, RUSSELL  Addition  MULLEN, RUSSELL  320 PINE BREEZE DR  CITY-ST-ZIP  Delete  D'Near Rethan  STREET ADDRESS CITY-ST-ZIP  New Smyran Benen, Pl 32168  CITY-ST-ZIP  Change  Addition  Change  Change  Addition  Change  Cha	NAME STREET ADDRESS	601 RASLEY RD	☐ Delete	name Street a	DDRESS Bengi	man, Woody notey Rd nyran Beach,	,	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  DENUT STREET ADDRESS CITY-ST-ZIP  DENUT STREET ADDRESS CITY-ST-ZIP  NEW Smyrma Beach, Fl. 32168	NAME Street address	320 PINE BREEZE DR	Delete	NAME Street al	DORESS 3 112	. Pelhen Sundance Tr	.: <b>\</b>	_ Change	Addition
	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AC CITY-ST-	3; II	Hernanduz State Rd 44		] Change	Addition

indicated on this report or supplemental report is true and accurate and 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 of rustee empowered is 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 a other tike empowered.

**SIGNATURE:** 

(386) 427-3312