

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700679

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** NEW SMYRNA BEACHSIDE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

629 S. PINE ST.  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

629 S. PINE ST.  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-1024470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTER, ALLEN  
3 LYNN COURT  
NEW SMYRNA BEACH, FL 32168636 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRADLEY, MARY  
Address: 436 BOUCHELL DR. #202  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: SMITH, BRUCE E SR  
Address: 231 MEADOW LAKE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: P ( ) Delete  
Name: ALLEN, WALTER  
Address: 3 LYNN CT  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D ( ) Delete  
Name: TYNDALL, DONALD  
Address: 705 N. ATLANTIC AVE. #104  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ALLEN

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date