

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90087 019 ****61.25

DOCUMENT # 703444

1. Entity Name

NEW SMYRNA BIBLE CHAPEL INC



Principal Place of Business

**101 HESTER AVENUE
NEW SMYRNA BEACH FL 32168-6015**

Mailing Address

**101 HESTER AVENUE
NEW SMYRNA BEACH FL 32168-6015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7154549

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

**SNOOK, LELAND
45 CROOKED PINE RD
PORT ORANGE FL 32128**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **MALDONADO VICTOR**
STREET ADDRESS **229 MORNINGSIDE AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **PD** ☐ Delete
NAME **MOFFATT, DAVE**
STREET ADDRESS **115 HARDIN PLACE**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **TD** ☐ Delete
NAME **SNOOK LELAND**
STREET ADDRESS **45 CROOKED PINE RD**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **VPD** ☐ Delete
NAME **MCDONALD, LARRY**
STREET ADDRESS **2306 OLD SAMULA RD.**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **D** ☐ Delete
NAME **SUHARMADJI, SUHAR**
STREET ADDRESS **1449 TAMMANY WAY**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Harrell Steve**
STREET ADDRESS **2781 Letha Road**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Leland Snook* **Leland Snook**

3/9/2005 (386) 767-2510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #