

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735552

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: NEW SMYRNA CHURCH OF GOD, INC.

**Current Principal Place of Business:**

2080 PAIGE AVE  
NEW SYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

2080 PAIGE AVE  
NEW SYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-6599602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OWEN, LARRY B  
630 HIDDEN PINES BLVD.  
NEW SMYRNA BEACH, FL 32168      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: VT ( ) Delete  
Name: PARKER, DALE,  
Address: 440 PALMETTO ST.  
City-St-Zip: EDGEWATER, FL

Title: TR ( ) Delete  
Name: POWERS, HERSHEL  
Address: WARREN AVE  
City-St-Zip: NEW SMYRNA BCH, FL

Title: TR ( ) Delete  
Name: CALDWELL, ROBERT,  
Address: 1230 WAYNE AVENUE  
City-St-Zip: NEW SMYRNA BCH., FL

Title: T ( ) Delete  
Name: HANGER, DONNA,  
Address: 2644 N. BELMONT  
City-St-Zip: NEW SMYRNA BCH, FL 00000,

Title: S ( ) Delete  
Name: JOHNSON, JEFF,  
Address: 1702 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BCH., FL

Title: P ( ) Delete  
Name: OWEN, LARRY  
Address: 630 HIDDEN PINES PL  
City-St-Zip: NEW SMYRNA BCH, FL 32168

**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:

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 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 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: LARRY OWEN

P

01/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date