

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000080

1. Entity Name
CHURCH OF CHRIST OF NEW SMYRNA BEACH, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90046 040 ****61.25

Principal Place of Business Mailing Address
303 MAGNOLIA STREET **303 MAGNOLIA STREET**
NEW SMYRNA BEACH FL 32168-7144 **NEW SMYRNA BEACH FL 32168-7144**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-3189937 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KUZMA, TED
303 MAGNOLIA STREET
NEW SMYRNA BEACH FL 32168-7144

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T-ARNIE STEWART
STREET ADDRESS	2315 QUEEN PALM DRIVE
CITY-ST-ZIP	EDGEWATER, FL. 32141
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSTEE CHARLES HERRON
STREET ADDRESS	2121 SOUTH RIVERSIDE DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSTEE LES INABINETT
STREET ADDRESS	109 CRAWFORD ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSTEE BILL CARLIN
STREET ADDRESS	159 BREEZEWAY COURT
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSTEE JOHN STANFIELD
STREET ADDRESS	4493 SOUTH ATLANTIC AVE #207
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Les Inabinett* **LES INABINETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Feb. 2000 (904) 427-1698
Date Daytime Phone #

CR2E037 (9/99)