

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90054 028 ****61.25

0009675

DOCUMENT # N00000000080

1. Entity Name

CHURCH OF CHRIST OF NEW SMYRNA BEACH, INC.

Principal Place of Business

**303 MAGNOLIA STREET
 NEW SMYRNA BEACH FL 32168-7144**

Mailing Address

**303 MAGNOLIA STREET
 NEW SMYRNA BEACH FL 32168-7144**

700173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3189937

Applied For

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

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**

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	T	<input type="checkbox"/> Delete
NAME	STEWART, ARNIE	
STREET ADDRESS	2315 QUEEN PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRON, CHARLES	
STREET ADDRESS	2121 SOUTH RIVERSIDE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	INABINETT, LES	
STREET ADDRESS	109 CRAWFORD RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARLIN, BILL	
STREET ADDRESS	159 BREEZEWAY COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	STANFIELD, JOHN	
STREET ADDRESS	4493 SOUTH ATLANTIC AVE., #207	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1/5/01 (904) 427-1698

Date

Daytime Phone #

CR2E037 (10/00)