

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000080

FILED
Jan 30, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

303 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 321687144

New Principal Place of Business:

Current Mailing Address:

303 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 321687144

New Mailing Address:

FEI Number: 59-3189937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUZMA, TED
303 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 321687144

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: T () Delete
Name: STEWART, ARNIE
Address: 2315 QUEEN PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: HERRON, CHARLES
Address: 2121 SOUTH RIVERSIDE DR
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: INABINETT, LES
Address: 109 CRAWFORD RD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: CARLIN, BILL
Address: 159 BREEZEWAY COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: STANFIELD, JOHN
Address: 4493 SOUTH ATLANTIC AVE., #207
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HANDLEY, JOE
Address: 2242 CANDLEWOOD LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: T (X) Change () Addition
Name: ANGELY, MIKE
Address: 6282 PARADISE ISLAND COURT
City-St-Zip: PORT ORANGE, FL 32124

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: BILL CARLIN

T

01/30/2002

Electronic Signature of Signing Officer or Director

_____ Date