

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000080

FILED
Feb 17, 2005
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:

ONE NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

303 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 321687144

New Mailing Address:

P.O. BOX 787
NEW SMYRNA BEACH, FL 321700787 US

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 US

Name and Address of New Registered Agent:

KUZMA, TED
521 CEDAREEDGE DRIVE
NEW SMYRNA BEACH, FL 32168 US

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:

02/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: CUPP, JESS
Address: 3163 POST COURT
City-St-Zip: DELTONA, FL 32738

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

Title: T () Delete
Name: HOMAN, GENE
Address: 2233 MAGNOLIA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: CRISWELL, CHUCK
Address: 202 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: STANFORD, MIKE
Address: 1158 KEY LARGO CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOLBROOK, DAVID
Address: 153 CANAL AVENUE
City-St-Zip: OAK HILL, FL 32259

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: GENE HOMAN

T

02/17/2005

Electronic Signature of Signing Officer or Director

Date