

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2007  
Secretary of State**

DOCUMENT# N00000000080

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

**Current Principal Place of Business:**

ONE NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
521 CEDAREEDGE DRIVE  
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: T      ( ) Delete  
Name: STANFORD, MIKE  
Address: 1158 KEY LARGO CIRCLE  
City-St-Zip: PORT ORANGE, FL 32128

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

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

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: 6271 PARADISE ISLAND COURT  
City-St-Zip: PORT ORANGE, FL 32128

**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: T      (X) Change ( ) Addition  
Name: PHILLIPS, RUSTY  
Address: 607 SOUTH GLENCOE ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 Chapter 119, 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: JOE HANDLEY

T

02/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date