

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
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: 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: KUZMA, THEODORE
Address: 521 CEDAREEDGE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: LYELL, ANDY
Address: 6225 YELLOWSTONE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: 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:

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

Title: T (X) Change () Addition
Name: JIM, MIZE
Address: 2255 CANDLEWOOD LANE E.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify 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: THEODORE KUZMA

T

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date