

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90034 040 \*\*\*\*61.25

**DOCUMENT # N04000004708**

1. Entity Name

NEW SMYRNA COLONY PRESERVATIONISTS, INC



Principal Place of Business

PO BOX 236  
EDGEWATER FL 32132

Mailing Address

PO BOX 236  
EDGEWATER FL 32132

2. Principal Place of Business - No P.O. Box #

412 TIMBERLAND DR.

3. Mailing Address

412 TIMBERLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FLA

City & State

NEW SMYRNA BEACH, FLA

Zip  
32168

Country  
USA

Zip  
32168

Country  
USA

4. FEI Number

41-2150419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUMPHREY, JAMES D  
412 TIMBERLAND DR  
NEW SMYRNA BEACH FL 32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to,**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
HUMPHREY, JAMES D  
412 TIMBERLAND DR  
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
NEWELL, RICHARD  
808 LOCUST ST  
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
BAYLES, RONALD L  
503 N CAUSEWAY #501  
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
PADDON, WILLIAM H  
5080 NW 8TH AVE  
GAINESVILLE FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY- ST- ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Richard Newell*

RICHARD NEWELL

4/25/08

386-428-9341