

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011896

1. Entity Name  
NEW COMMUNITY BAPTIST CHURCH OF ATLANTIC  
BEACH, INC.



**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
84 LEWIS STREET  
ATLANTIC BEACH, FL 32233

Mailing Address  
84 LEWIS STREET  
ATLANTIC BEACH, FL 32233



08022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCAYLES, MELVIN L DEACON  
84 LEWIS STREET  
ATLANTIC BEACH, FL 32233

**DO NOT WRITE  
IN THIS SPACE**

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

*Melvin L. Scayles*

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

(NOTE: Registered Agent signature required when reinstating)

08-03-08

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME NEAL, FREDERICK DEACON  
STREET ADDRESS 84 LEWIS STREET  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D  
NAME SCAYLES, MELVIN DEACON  
STREET ADDRESS 84 LEWIS STREET  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D  
NAME RIGGINS, CHARLIE BRO.  
STREET ADDRESS 84 LEWIS STREET  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D  
NAME MARTIN, MARK DEACON  
STREET ADDRESS 84 LEWIS STREET  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D  
NAME BROWN, JOE DEACON  
STREET ADDRESS 84 LEWIS STREET  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D  
NAME POWE, PRINCE DEACON  
STREET ADDRESS 84 LEWIS STREET  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

U00000957219  
08/06/08-80004-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Melvin L. Scayles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-03-08

Date

904-735-1233

Daytime Phone #