

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12019

FILED
Jan 31, 2006
Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF NEW SMYRNA BEACH, INCORPORATED

Current Principal Place of Business:

214 SAMS AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

214 SAMS AVENUE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-6001030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JIM PD
1709 PIONEER TRAIL
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: PD () Delete
Name: WILSON, JIM
Address: 1709 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VD () Delete
Name: CRANDALL, SHELDON
Address: 223 CRAWFORD ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: MATUSICK, MARJORIE
Address: 711 PHYLLIS AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: INSKIP, ROGER A
Address: 131 SEA STREET
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: JIM WILSON

PD

01/31/2006

Electronic Signature of Signing Officer or Director

Date