

1-30-95 6-605 XC
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:46

DOCUMENT # N33553

(1)

1. Corporation Name

CHRIST COMMUNITY CHURCH OF NEW SMYRNA BEACH, INC

Principal Place of Business

Mailing Address

P O BOX 2175
NEW SMYRNA BEACH FL 32170

P O BOX 2175
NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/02/1989	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2949501	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

PETERSON, SID C., JR.
418 CANAL STREET
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, JAMES	1.2 NAME	DAVIS, JAMES R.
STREET ADDRESS	219 ROBINSON ROAD	1.3 STREET ADDRESS	219 Robinson Road
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL, 32169
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	ATWELL, JOHN	2.2 NAME	Joyce Withers
STREET ADDRESS	129 CEDAR DUNES DR	2.3 STREET ADDRESS	351 Granada St.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	BRANNON, HORACE	3.2 NAME	Grace C. Roberts
STREET ADDRESS	805 E-16TH ST	3.3 STREET ADDRESS	117 Bigelow Dr.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	Kidgewater FL 32132
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Davis* James R. Davis

Jan 20, 1995 (904) 420-5936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number