

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33553

1. Corporation Name

CHRIST COMMUNITY CHURCH OF NEW SMYRNA BEACH, INC

Principal Place of Business

P O BOX 2175
NEW SMYRNA BEACH FL 32170

Mailing Address

P O BOX 2175
NEW SMYRNA BEACH FL 32170

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90011 009 ****61.25

04-25-1999 90011 010 *****8.75



2. Principal Place of Business

21 **1210 Mission Dr**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **1210 Mission Dr.**

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

08/02/1989

4. FEI Number

59-2949501

Applied For

Not Applicable

City & State

23 **New Smyrna Beach FL**

Zip

32168

Country

City & State

28 **New Smyrna Beach FL**

Zip

32168

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

TITLE
NAME **DAVIS, JAMES**
STREET ADDRESS **219 ROBINSON ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

T ☐ DELETE

TITLE
NAME **WITHERS, JOYCE**
STREET ADDRESS **351 GRANADA ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

T ☐ DELETE

TITLE
NAME **ROBERTS, GRACE C.**
STREET ADDRESS **117 BIGELOW DR.**
CITY-ST-ZIP **EDGEWATER FL 32132**

T ☐ DELETE

TITLE
NAME **DEBRA A. SATHGR**
STREET ADDRESS **806 E. 14th ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

T ☐ DELETE

TITLE
NAME **SECRETARY**
STREET ADDRESS **ARLENE GILL**
CITY-ST-ZIP **907 LIVE OAK ST.**
NEW SMYRNA BEACH FL 32168

T ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

James R. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0003267