

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N33553**

1. Entity Name

CHRIST COMMUNITY CHURCH OF NEW SMYRNA BEACH, INC

Principal Place of Business

**1210 MISSION DR
NEW SMYRNA BEACH FL 32168**

Mailing Address

**1210 MISSION DR
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2949501

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JAMES	
STREET ADDRESS	219 ROBINSON ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE	T	<input type="checkbox"/> Delete
NAME	WITHERS, JOYCE	
STREET ADDRESS	351 GRANADA ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, GRACE C.	
STREET ADDRESS	117 BIGELOW DR.	
CITY-ST-ZIP	EDGEWATER FL 32169	

TITLE	T	<input type="checkbox"/> Delete
NAME	SATHER, DEBRA	
STREET ADDRESS	806 E 14TH ST	
CITY-ST-ZIP	NGW SMYRNA BEACH FL 32169	

TITLE	S	<input type="checkbox"/> Delete
NAME	GILL, ARLENE	
STREET ADDRESS	907 LIVE OAK ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA S. POWERS	
STREET ADDRESS	1606 PINE TREE DRIVE	
CITY-ST-ZIP	EDGEWATER, FL 32132	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:**ARLENE GILL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-28-01**
Date**386-426-8738**
Daytime Phone #**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90337 006 ****61.25

00021987

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)