

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90042 036 ****61.25

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**

34031115



MOORE

CR2E037 (11/03)

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 Applicable

5. 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. I am familiar with, and accept the obligations of registered agent.

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

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **SATHER, DEBRA**
STREET ADDRESS **806 E 14TH ST**
CITY-ST-ZIP **NGW SMYRNA BEACH FL 32169**

TITLE ☐ Delete
NAME **GILL, ARLENE**
STREET ADDRESS **1210 MUSSIAN DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME **POWERS, VIRGINIA S**
STREET ADDRESS **1606 PINE TREE DRIVE**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ Delete
NAME **BRIGMAN, TERESA**
STREET ADDRESS **800 FAULKNER STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **M. Rene Davis**
CITY-ST-ZIP **4053 Hill Street**
MIMS, FL 32754

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1210 Mission Drive**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Trustee**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ 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 **Arlene Gill, Secretary**

3/4/04

386-426-8738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #