

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90099 038 \*\*\*\*61.25

<b>DOCUMENT # N33553</b> 1. Entity Name <b>CHRIST COMMUNITY CHURCH OF NEW SMYRNA BEACH, INC.</b>					
Principal Place of Business <b>1210 MISSION DR NEW SMYRNA BEACH, FL 32168</b>			Mailing Address <b>1210 MISSION DR NEW SMYRNA BEACH, FL 32168</b>		
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 <b>59-2949501</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>PETERSON, SID C., JR.</del> <b>418 CANAL STREET NEW SMYRNA BEACH, FL 32169</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, M. RENE</b>		NAME		
STREET ADDRESS	<b>4053 HILL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIMS, FL 32754</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SATHER, DEBRA</b>		NAME		
STREET ADDRESS	<b>806 E 14TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NGW SMYRNA BEACH, FL 32169</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILL, ARLENE</b>		NAME		
STREET ADDRESS	<b>1210 MISSION DRIV</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POWERS, VIRGINIA S</b>		NAME		
STREET ADDRESS	<b>1606 PINE TREE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRIGMAN, TERESA</b>		NAME		
STREET ADDRESS	<b>800 FAULKNER STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Arlene Gill</u> - Arlene Gill <span style="float: right;">2.2.05 386-426-8738</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

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