

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91009 037 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2949501**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

T ☐ Delete
NAME **SATHER, DEBRA**
STREET ADDRESS **808 E 14TH ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

S ☐ Delete
NAME **GILL, ARLENE**
STREET ADDRESS **907 LIVE OAK ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1210 Mission Dr.**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

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

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

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

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

TERESA BRIGMAN

4-2-03 386-426-8738

CR2E037 (10/02)