

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38451

1. Entity Name

THE NEW GENERATION CHURCH OF CHRIST, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90019 040 ****75.00

Principal Place of Business

Mailing Address

C/O CHARLES H. SMITH
1193 EAST CRUM STREET
STARKE FL 32091

C/O CHARLES H. SMITH
1193 EAST CRUM STREET
STARKE FL 32091-2015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3014913**

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

SMITH, CHARLES H.
1193 EAST CRUM STREET
STARKE FL 32091

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 Func Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **D**
NAME **SMITH, CHARLES H.**
STREET ADDRESS **1193 EAST CRUM STREET**
CITY-ST-ZIP **STARKE FL**
☐ Delete

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

TITLE ☒ **D**
NAME **GRANT, JANNIE**
STREET ADDRESS **2402 N.E. 69TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**
☐ Delete

TITLE ☒ **Change** ☐ **Addition**
NAME **Michelle McReynolds**
STREET ADDRESS **4036 NE 1st Terrace**
CITY-ST-ZIP **Gainesville FL 32609**

TITLE ☒ **D**
NAME **MC REYNOLDS, BETTY**
STREET ADDRESS **2404 N.E. 71ST TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**
☐ Delete

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: *Charles H. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00
Date

904-964-2186
Daytime Phone #

CR2E037 (9/99)