

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38451

1. Entity Name

THE NEW GENERATION CHURCH OF CHRIST, INC.

Principal Place of Business

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

Mailing Address

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

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

59-3014913

Applied For

Not Applicable

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 Fund 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCREYNOLDS, MICHELLE
STREET ADDRESS 4036 NE 1ST TERRACE
CITY-ST-ZIP GAINESVILLE FL 32609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

4/6/01
Date

904-368-0703
Daytime Phone #

0007953

CR2E037 (10/00)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90039 043 *****75.00



DO NOT WRITE IN THIS SPACE