

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

DOCUMENT # N94000000652

1. Entity Name

SMYRNA FREE WILL BAPTIST CHURCH, INCORPORATED



Principal Place of Business

847 TURNBULL STREET
NEW SMYRNA BEACH FL 32168

Mailing Address

847 TURNBULL STREET
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3224580

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

HALL, MARK R ESQUIRE
124 FAULKNER STREET
NEW SMYRNA BEACH FL 32168

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, 2006

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 P ☒ Delete
NAME WATTS, GEORGE
STREET ADDRESS 1845 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE CT ☐ Delete
NAME WARRENS, PEGGY
STREET ADDRESS 1851 JUNIPER DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE T ☐ Delete
NAME NICHOLS, HAROLD
STREET ADDRESS 802 LLON AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE T ☐ Delete
NAME WARRENS, DONALD
STREET ADDRESS 1851 JUNIPER DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PASTOR ☒ Change ☐ Addition
NAME JAMES V. FOSTER
STREET ADDRESS 4785 TUSCARORA RD
CITY-ST-ZIP TITUSVILLE, FL 32780

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

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

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

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NAME
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 exemptions contained in Section 119, 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:

Peggy Warrens

1-109-116 386 428-1442