

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006922

**Entity Name:** NEW SMYRNA BEACH RESIDENTS' COALITION, INC.

**Current Principal Place of Business:**

305 MAGNOLIA STREET  
N  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P. O. BOX 2274  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 82-3380742

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONRAD CONSULTING CORPORATION  
305 MAGNOLIA ST  
N  
NEW SMYRNA BEACH, FL 32168 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            GILLESPIE, SALLY I  
Address        610 N. PENINSULA AV  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            DIR, VP  
Name            SHARP, LORRAINE  
Address        202 PRESTWICK DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIR, PRESIDENT  
Name            FLYNN, EUGENIA  
Address        108 OCEAN DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIR, TREASURER  
Name            EICHINGER, KATHIE  
Address        831 E. 22ND AV  
City-State-Zip: NEW SMYRNA BEACH, FL 32169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE SHARP

**VICE PRESIDENT**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date