

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90010 018 ****61.25

DOCUMENT # 701546

1. Entity Name
ORMOND BEACH UNION CHURCH, INC.



Principal Place of Business
**56 N BEACH ST
ORMOND BEACH, FL 32174-5638**

Mailing Address
**56 N BEACH ST
ORMOND BEACH, FL 32174-5638**

50062524



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0915171

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

**BOPST, JANICE L
102 MISTY FALLS DR.
ORMOND BEACH, FL 32174**

Name **MOSEMAN, SHARON**

Street Address (P.O. Box Number is Not Acceptable)

200 GROVE STREET

City **ORMOND BEACH**

FL

Zip Code **32174**

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

Sharon Moseman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

8/15/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

TITLE **P** ☐ Delete
NAME **MOSEMAN, CHARLES**
STREET ADDRESS **200 GROVE STREET**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **P** ☒ Change ☐ Addition
NAME **ABEE, DAVID**
STREET ADDRESS **470 N. YONGE STREET**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **TD** ☒ Delete
NAME **MATTHEWS, ALFRED E**
STREET ADDRESS **11 KINGS GRANT ROAD #202**
CITY-ST-ZIP **HOLLY HILL, FL 321172545**

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

TITLE **T** ☐ Delete
NAME **STERTHAUS, JOSEPH**
STREET ADDRESS **1672 AIRPORT ROAD**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

TITLE **S** ☐ Delete
NAME **BOPST, JANICE L**
STREET ADDRESS **102 MISTY FALLS DR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **S** ☒ Change ☐ Addition
NAME **MOSEMAN, SHARON**
STREET ADDRESS **200 GROVE STREET**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ Delete
NAME **MELVIN, GLENDA**
STREET ADDRESS **7 KING EDWARDS DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☒ Change ☐ Addition
NAME **THOMAS, BONNIE**
STREET ADDRESS **233 S. RIDGEWOOD AVE.**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **TD** ☐ Delete
NAME **THEIS, GEORGE**
STREET ADDRESS **4013 DAKOTA CIRCLE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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 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:

Sharon Moseman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/05 38-677-3363

Daytime Phone #