2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #701546** 03-08-2006 90179 044 ****61.25 ORMOND BEACH UNION CHURCH, INC. Principal Place of Business Mailing Address 56 N BEACH ST 56 N BEACH ST ORMOND BEACH, FL 32174-5638 ORMOND BEACH, FL 32174-5638 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-0915171 City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEWS, ALFRED Street Address (P.O. Box Number is Not Acceptable) MOSEMAN, SHARON 200 GROVE STREET ORMOND BEACH, FL 32174 11 KINGS GRANT ROAD City HOLLY HILL 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 (NOTE: Registered Agent transture required when renessating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change | ■ Addition NAME ABEE, DAVID NAME 470 NORTH YONGE STREET STREET ADORESS STREET ADDRESS. CITY-ST-ZP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE TITLE Delete Change ■ Addition STERTHAUS JOSEPH NAME NAME 1672 AIRPORT ROAD STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-7/P CITY-ST-ZIP TITLE Change TITLE ☐ Defete Continua I MOSEMAN, CHARLES 200 GROVE STREET MOSEMAN, SHARON 200 GROVE STREET STREET ADDRESS STREET ADORESS ORMINO BEACH FL 32174 CITY-ST-ZIP ORMOND BEACH, FL 32174 COY-ST-719 TITLE □ Delete ☐ Change Addition THOMAS, BONNIE NAME MALAF STREET ADDRESS 233 SOUTH RIDGEWOOD AVENUE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE TITLE TD ☐ Delete ☐ Change ☐ Addition NAME THEIS, GEORGE NAME STREET ADDRESS **4013 DAKOTA CIRCLE** STREET ADDRESS ORMOND BEACH, FL 32174 COY-ST-7P CITY-ST-ZIP TITLE TITLE ☐ Delete Change - Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP

SIGNATURE:

Jessey F. Their Gorage F. Their

2/21/66 386-677-336.

FILED

Mar 08, 2006 8:00 am