

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2007  
Secretary of State**

DOCUMENT# N16460

Entity Name: ORMOND BEACH ALLIANCE CHURCH

**Current Principal Place of Business:**

55 NORTH NOVA ROAD  
ORMOND BEACH, FL 321747236

**New Principal Place of Business:**

**Current Mailing Address:**

55 NORTH NOVA ROAD  
ORMOND BEACH, FL 321747236

**New Mailing Address:**

FEI Number: 23-7371396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOBBS, GEORGE  
55 NORTH NOVA ROAD  
ORMOND BEACH, FL 32174      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HOBBS, GEORGE  
Address: 825 W. VICTORIA CR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD      ( ) Delete  
Name: BROWN, MARY ELIZABETH  
Address: 15 TOMOKA VIEW DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD      ( ) Delete  
Name: WEAVER, JANET  
Address: 1310 FLEMING AVE C65  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: COCHRAN, LESTER  
Address: 1549 CULVERHOUSE DRIVE  
City-St-Zip: HOLLY HILL, FL 32117

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REV. GEORGE HOBBS

PD

02/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date