

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90114 015 \*\*\*\*61.25

**DOCUMENT # 701284**

1. Entity Name  
**ORMOND BEACH PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
**105 AMSDEN ROAD  
ORMOND BEACH, FL 32176**

Mailing Address  
**105 AMSDEN ROAD  
ORMOND BEACH, FL 32176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1022046**

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

**HABERMAN, RUDOLPH JR  
308 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176**

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

**Filing 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 PD ☐ Delete  
NAME BARRINGER, HARRIET  
STREET ADDRESS 39 LAUREL RIDGE BREAK  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE SD ☐ Delete  
NAME BRISSE, GLORIA  
STREET ADDRESS 161 DEER LAKE CIR  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD ☐ Delete  
NAME CAN LANINGHAM, DALE  
STREET ADDRESS 24 JUNIPER DR  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE T ☐ Delete  
NAME HABERMANN, RUDOLPH  
STREET ADDRESS 308 JOHN ANDERSON DR.  
CITY-ST-ZIP ORMOND BEACH, FL 32176

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

TITLE SD ☒ Change ☐ Addition  
NAME Pesca, Betty  
STREET ADDRESS 2220 Ocean Shore Blvd. #A 503  
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition  
NAME Van Laningham, Dale  
STREET ADDRESS 24 Juniper Dr.  
CITY-ST-ZIP Ormond Beach, FL 32176

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

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 (386)672 6330  
Date Daytime Phone #