
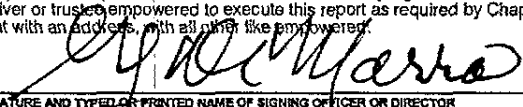


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

|   |  |  |
|---|--|--|
| <b>DOCUMENT # 707662</b><br>1. Entity Name<br>DOVER SHORES BAPTIST CHURCH INCORPORATED  |  |                                   |
| Principal Place of Business<br>551 GASTON FOSTER ROAD<br>ORLANDO, FL 32807  | Mailing Address<br>551 GASTON FOSTER ROAD<br>ORLANDO, FL 32807       |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |  |
| 6. Name and Address of Current Registered Agent<br><br>BRANCH, PATRICIA D.<br>4206 FALLWOOD CIRCLE<br>ORLANDO, FL 32812   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>DE MARRA, GILBERT J<br>7432 TUFTS COURT<br>ORLANDO, FL 32807   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TR<br>ROLLING, CARLTON<br>1065 ROSEMARY DRIVE<br>ORLANDO, FL 32807   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>GLENN, JAMES<br>116 WORTHINGTON CIRCLE<br>WINTER PARK, FL 32789 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 rights like empowered. |  |  |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | 04/26/05<br>Date   |
|   |  | 407-277-5810<br>Daytime Phone #  |



04242006 No Chg-NP

CR2E037 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>59-0791023   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |                               |

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05/13/06-80092-025 61.25