

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 034 ****61.25

DOCUMENT # 707662 1. Entity Name DOVER SHORES BAPTIST CHURCH INCORPORATED					
Principal Place of Business 551 GASTON FOSTER ROAD ORLANDO FL 32807			Mailing Address 551 GASTON FOSTER ROAD ORLANDO FL 32807		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0791023	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRANCH, PATRICIA D. 4206 FALLWOOD CIRCLE ORLANDO FL 32812			7. Name and Address of New Registered Agent 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 of agent or principal officer of registered agent and fully responsible					
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	DT DE MARRA, GILBERT J 7432 TUFTS COURT ORLANDO FL 32807	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Hutshell, Don 2607 Lake Wade Ct. Orlando FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR ROLLING, CARLTON 1065 ROSEMARY DRIVE ORLANDO FL 32807	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GLENN, JAMES 116 WORTHINGTON CIRCLE WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: <u>Patricia D. Branch</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>07/05/07</u> <u>407-492-7627</u> Date Telephone Number		

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2nd MOORE CR2E037 (4/07)