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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 10 PM 12:25

DOCUMENT # 712839 (0)

1. Corporation Name
NORTH PENINSULA BAPTIST CHURCH OF ORMOND BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address
/ORMOND BEACH FLA INC 6 SANDRA DRIVE ORMOND BEACH FL 32176	/ORMOND BEACH FLA INC 6 SANDRA DRIVE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1967
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2941064 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLIPPO, W. E.
307 WATER OAK LANE
ORMOND BEACH FL 32714 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D President ☑ Change ☐ Addition
NAME	MUNDIS, STEW	12 NAME	Gordon Haight
STREET ADDRESS	321 N. 12TH ST.	13 STREET ADDRESS	39 Morning Star
CITY-ST-ZIP	FLGLER BEACH FL	14 CITY-ST-ZIP	Ormond Beach FL 32176
TITLE	VPD	21 TITLE	D Vice-President ☑ Change ☐ Addition
NAME	BRAY, WILLIAM	22 NAME	Robert Cooke
STREET ADDRESS	4 SUNSET FALLS DRIVE	23 STREET ADDRESS	124 Beau Rivage
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	Ormond Beach FL 32176
TITLE	SD	31 TITLE	D Sec. ☑ Change ☐ Addition
NAME	MUNDIS, ALMEDA	32 NAME	Jo Ellen Hackett
STREET ADDRESS	321 W. 13TH ST.	33 STREET ADDRESS	2390 Ocean Shore Blvd #401
CITY-ST-ZIP	FLGLER BEACH FL	34 CITY-ST-ZIP	Ormond Beach FL 32176
TITLE	SD	41 TITLE	D Asst. Sec. ☑ Change ☐ Addition
NAME	SHOEMAKER, NELSON	42 NAME	Fran Trascritti
STREET ADDRESS	300 GROVE STREET	43 STREET ADDRESS	122 Essex Dr.
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP	Ormond Beach FL 32176
TITLE	DT	51 TITLE	DT ☐ Change ☐ Addition
NAME	FLIPPO, W. E.	52 NAME	
STREET ADDRESS	307 WATER OAK LANE	53 STREET ADDRESS	Same
CITY-ST-ZIP	ORMOND BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. E. Flippo (W.E. Flippo) Trea. & Reg. Agent 3/24/95 904-673-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #