

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/30/1967

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HAIGHT, GORDON**
STREET ADDRESS **39 MORNING STAR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DVP** ☐ DELETE
NAME **COOKE, ROBERT**
STREET ADDRESS **124 BEAR RIVAGE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **SD** ☐ DELETE
NAME **HACKETT, JO ELLEN**
STREET ADDRESS **2390 OCEAN SHORE BLVD. #401**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DAS** ☐ DELETE
NAME **TRASCRITTI, FRAN**
STREET ADDRESS **122 ESSEX DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DT** ☐ DELETE
NAME **FLIPPO, W. E.**
STREET ADDRESS **307 WATER OAK LANE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 DT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

904673 2466
Daytime Phone #

CR2E037 (12/95)