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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32176-31213. Date Incorporated or Qualified
05/30/19673a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2941064

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

STUART, WARREN A.

82 Street Address (P.O. Box Number is Not Acceptable)

250 OAK DR

83

84 City

ORMOND BEACH

FL

85 Zip Code

32176

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

Warren A. Stuart

WARREN A. STUART, TREASURER

1/13/97

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
NAME Haight, Gordon
STREET ADDRESS 39 MORNING STAR
CITY-ST-ZIP ORMOND BEACH FL☐ DELETETITLE DVP
NAME COOKE, ROBERT
STREET ADDRESS 124 BEAR RIVAGE
CITY-ST-ZIP ORMOND BEACH FL☐ DELETETITLE SD
NAME HACKETT, JO ELLEN
STREET ADDRESS 2390 OCEAN SHORE BLVD. #401
CITY-ST-ZIP ORMOND BEACH FL☐ DELETETITLE DAS
NAME TRASCRITTI, FRAN
STREET ADDRESS 122 ESSEX DR
CITY-ST-ZIP ORMOND BEACH FL☐ DELETETITLE DT
NAME FLIPPO, W. E.
STREET ADDRESS 307 WATER OAK LANE
CITY-ST-ZIP ORMOND BEACH FL☒ DELETETITLE T
NAME STUART, WARREN A.
STREET ADDRESS 250 OAK DR.
CITY-ST-ZIP ORMOND BEACH, FL 32176☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

Warren A. Stuart

WARREN A. STUART

1/13/97 (904)-672-7151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6003537

CR2E037 (9/96)