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Secretary of State

05-10-1999 90186 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712839

1. Corporation Name

NORTH PENINSULA BAPTIST CHURCH OF ORMOND BEACH,
FLORIDA, INC.

Principal Place of Business

/ORMOND BEACH FLA INC
6 SANDRA DRIVE
ORMOND BEACH FL 32176

Mailing Address

/ORMOND BEACH FLA INC
6 SANDRA DRIVE
ORMOND BEACH FL 32176

5 3 5 8 9 3
535093 - 90186 - 11



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/30/1967

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

9. Name and Address of Current Registered Agent

STUART, WARREN A
250 OAK DR
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name TRASCRITTI, MARIA T.

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

122 ESSEX DRIVE

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

TRASCRITTI, MARIA T.

5/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE T
NAME STUART, WARREN A
STREET ADDRESS 250 OAK DR
CITY-ST-ZIP ORMOND BCH FL ☒ DELETE

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 DVP
2.2 NAME COX, HOWARD
2.3 STREET ADDRESS 123 BEAU RIVAGE
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32176 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE DAS
4.2 NAME HARRIS, WILLIAM
4.3 STREET ADDRESS 26 JUNIPER DR.
4.4 CITY-ST-ZIP ORMOND BEACH, FL 32176 ☐ Change ☒ Addition

5.1 TITLE T
5.2 NAME TRASCRITTI, MARIA T.
5.3 STREET ADDRESS 122 ESSEX DRIVE
5.4 CITY-ST-ZIP ORMOND BEACH, FL 32176 ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED TRASCRITTI, M.T.

5/10/99 904-441-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)