2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: John R. Lane

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 712839** 1. Entity Name 04-26-2004 91002 015 ****61 25 NORTH PENINSULA BAPTIST CHURCH OF ORMOND BEACH, FLORIDA, INC. Principal Place of Business Mailing Address ORMOND BEACH FLA INC ORMOND BEACH FLA INC 6 SANDRA DRIVE 6 SANDRA DRIVE ORMOND BEACH FL 32176 **ORMOND BEACH FL 32176** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2941064 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, JOHN R Street Address (P.O. Box Number is Not Acceptable) 174 LAURIE DR ORMOND BEACH FL 32176 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **D** Delete TITLE TITLE Change ☐ Addition HARRIS, WILLIAM NAME A NAME 26 JUNIPER DR. STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-7IP CITY-ST-7IP SD TITLE ☐ Delete TITLE Change ☐ Addition HACKETT, JO ELLEN NAME NAME 2390 OCEAN SHORE BLVD. #401 STREET ADDRESS STREET ADORESS ORMOND BEACH FL 32176 CITY-ST-ZIP CITY-ST-ZIP DAS/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition OLIVER, ARTHUR NAME NAME_ 30 WISTERIA DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Delete TITLE ☐ Change Martha Elder 602 N. Ridgewood NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormand Beach TITLE ☐ Change Addition Cloalynn Strong NAME NAME 2 Odean Breeze Cricle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormand Beach, FL 32176 TITLE TITLE Change Addition John R. Lane NAME NAME 174 Laurie Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ormand Beach, Fl 32176 12. 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 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

FILED

04/20/04 386-441-2133