2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# 712839

Entity Name: NORTH PENINSULA BAPTIST CHURCH OF ORMOND BEACH, FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2941064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, JOHN R
174 LAURIE DR
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HACKETT, JO ELLEN
Address: 2390 OCEAN SHORE BLVD. #401
City-St-Zip: ORMOND BEACH, FL 32176

Title: DASP ( ) Delete
Name: OLIVER, ARTHUR
Address: 30 WISTERIA DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: ELDER, MARTHA
Address: 602 N. RIDGEWOOD
City-St-Zip: ORMOND BEACH, FL 3217

Title: TD ( ) Delete
Name: STRONG, CLOALYNN
Address: 12 OCEAN BREEZE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MD (X) Delete
Name: LANE, JOHN R
Address: 174 LAURIE DR.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DASP (X) Change ( ) Addition
Name: OLIVER, ARTHUR
Address: 30 WISTERIA DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: DT (X) Change ( ) Addition
Name: MCCLOSKEY, JIM
Address: 2 ESSEX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Change ( ) Addition
Name: MARANDINO, TROY A
Address: 2 PINE TREE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MD (X) Change ( ) Addition
Name: LANE, JOHN R
Address: 174 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. LANE MD 01/24/2005
Electronic Signature of Signing Officer or Director — Date