

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90078 010 ****61.25

DOCUMENT # 712839

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2941064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANE, JOHN R
174 LAURIE DR
ORMOND BEACH FL 32176

Name

CHRISTOPHER REDMAN

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

4 WALDEN LN.

City

ORMOND BEACH

FL

Zip Code

32174

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

Christopher Redman

CHRISTOPHER REDMAN

1-20-06

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME OLIVER, ARTHUR
STREET ADDRESS 30 WISTERIA DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME MCCLOSKEY, JIM
STREET ADDRESS 2 ESSEX DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME MARANDINO, TROY A
STREET ADDRESS 2 PINE TREE CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☒ Delete
NAME LANE, JOHN R
STREET ADDRESS 174 LAURIE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME MD
STREET ADDRESS CHRISTOPHER REDMAN
CITY-ST-ZIP 4 WALDEN LN.
ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James McCloskey

JAMES MCCLOSKEY

1-20-06