

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/06)
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
REDMAN, CHRISTOPHER 4 WALDEN LN. ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

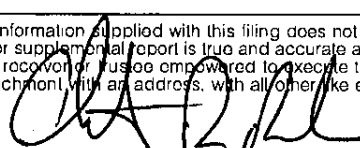
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DASP OLIVER, ARTHUR 30 WISTERIA DRIVE ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCLOSKEY, JIM 2 ESSEX DRIVE ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANDINO, TROY A 2 PINE TREE CIRCLE ORMOND BEACH FL 32176 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REDMAN, CHRISTOPHER 4 WALDEN LN ORMOND BEACH FL 32174 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000725050 05/03/07-80007-011 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 recorder 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.	
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SIGNATURE:  **4-18-07 386-214-0403**