

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

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 732226	
1. Entity Name FIRST BAPTIST CHURCH OF HARBOR OAKS, INC.	

Principal Place of Business 5730 S. RIDGEWOOD AVENUE HARBOR OAKS FL 32127	Mailing Address 5730 S. RIDGEWOOD AVENUE HARBOR OAKS FL 32127
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/05)

4. FEI Number 59-1584390	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent LEONNARDT, MARGARET 5726 RIVERSIDE DR. PORT ORANGE FL 32127
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCADORY, 2308 CITRUS AVE. DAYTONA BEACH FL 32119 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PETROS, DAVE 5613 ISABELLE AVE. PORT ORANGE FL 32127 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLOWAY, MARGE 5959 RIVERSIDE DR HARBOR OAKS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODSON, HENRY 316 GEORGETOWN RD. DAYTONA BEACH FL 32119 ☐ 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 000000483277 04/19/06-30099-016 \$1.25
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 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: *Margaret Leonardt*
MARGARET LEONNARDT

4-3-06 306.712-6069