


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N07030 1. Entity Name OCEANSIDE CHURCH OF CHRIST, INC.	
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Principal Place of Business % LARRY PAULK 1025 SNUG HARBOR CT ATLANTIC BEACH, FL 32233	Mailing Address % LARRY PAULK P O BOX 330421 ATLANTIC BEACH, FL 32233
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04022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2613189	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAULK, LARRY 55 FAIRWAY LANE JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HORNE, WILLIAM L 917 FOURTH AVE N JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAULK, LARRY J., SR. 55 FAIRWAY LANE JACKSONVILLE BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLINGENPEEL, GLENN A. 11 QUAIL LANE JACKSONVILLE BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHELLEY, DAVID 13221 KARLA COVE LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/13/06 80033-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Glenn Clingenpeel **Glenn Clingenpeel** Treasurer **3-31-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #