

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 044 ****61.25

DOCUMENT # N16460

1. Entity Name
ORMOND BEACH ALLIANCE CHURCH



Principal Place of Business
**55 NORTH NOVA ROAD
ORMOND BEACH, FL 32174-7236**

Mailing Address
**55 NORTH NOVA ROAD
ORMOND BEACH, FL 32174-7236**

24082241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7371396

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ELMER, GEORGE C
55 NORTH NOVA ROAD
ORMOND BEACH, FL 32074**

Name **George Hobbs**

Street Address (P.O. Box Number is Not Acceptable)
55 North Nova Road

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

George D. Hobbs

Rev. George D. Hobbs PD

8/26/04

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **ELMER, GEORGE C**
STREET ADDRESS **825 W. VICTORIA CR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **PD** ☒ Change ☐ Addition
NAME **George Hobbs**
STREET ADDRESS **825 W. Victoria Circle**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **SD** ☐ Delete
NAME **COCHRAN, LESTER**
STREET ADDRESS **1549 CULVERHOUSE DR**
CITY-ST-ZIP **HOLLY HILL, FL 32117**

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

TITLE **TD** ☐ Delete
NAME **WEAVER, JANET**
STREET ADDRESS **1310 FLEMING AVE C65**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 exemption stated in Section 119.07(3)(l), 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:

George D. Hobbs

George D. Hobbs

Date

8/26/04 386/677-0242

Daytime Phone #