

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21187

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** RIMA RIDGE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

RIMA RIDGE BAPTIST CHURCH  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 CONE ROAD  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 59-3360065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUINN, DONALD L  
119 APPALOOSA LANE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QUINN, DONALD L  
Address: 119 APPALOOSA LANE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD ( ) Delete  
Name: SMITH, DENNIS  
Address: 223 CONE RD.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete  
Name: GREEN, CLAUDA  
Address: P.O. 1062  
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: D ( ) Delete  
Name: OLIVA, JACK  
Address: 6 SUNNY ROAD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SD ( ) Delete  
Name: WHISLER, KATHLEEN  
Address: 2 CLYDEDILA CT  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WHISLER

SD

01/08/2007

Electronic Signature of Signing Officer or Director

Date