

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21187

FILED  
Jan 27, 2011  
Secretary of State

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

**Current Principal Place of Business:**

11 CONE RD  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 CONE RD  
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  
Name: QUINN, DONALD L  
Address: 119 APPALOOSA LANE  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD L. QUINN

PRES

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date