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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002368 (8)

1. Corporation Name

BEACON BAPTIST CHURCH OF PORT ORANGE, INC.

Principal Place of Business

Mailing Address

1120 PELICAN BAY DR.
DAYTONA BEACH FL 32119

1120 PELICAN BAY DR.
DAYTONA BEACH FL 32119-1381



3. Date Incorporated or Qualified
05/05/1994

3a. Date of Last Report
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3245064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, JIM
1120 PELICAN BAY DR.
DAYTONA BEACH FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROBERTS, JAMES R
STREET ADDRESS 1120 PELICAN BAY DR.
CITY-ST-ZIP DAYTONA BEACH FL 32119

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME HARDIN, ALTON H
STREET ADDRESS 1147 E. WILLOW RUN DR.
CITY-ST-ZIP PORT ORANGE FL 32119

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VPD
2.3 STREET ADDRESS Lock Wilford
2.4 CITY-ST-ZIP 105 Brookhollow Cir.
Daytona Beach, FL 32114

TITLE TD ☐ DELETE
NAME LARRY WILKENING
STREET ADDRESS 1199 TRACY DR.
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME VPD
3.3 STREET ADDRESS ALVARO, PAUL
3.4 CITY-ST-ZIP 2822 NEEDLE PALM DR.
EDGEWATER, FL 32141

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97

Date

Daytime Phone 4002402

CR2E037 (9/96)