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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002368

1. Corporation Name

BEACON BAPTIST CHURCH OF PORT ORANGE, INC.

Principal Place of Business

2315 BEVILLE ROAD  
DAYTONA BEACH FL 32119  
US

Mailing Address

~~1120 PELICAN BAY DR.~~  
~~DAYTONA BEACH FL 32119~~  
BEACON BAPTIST CHURCH  
2315 Beville Road  
Daytona Beach, FL 32119



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 BEACON Baptist Church

27 2315 Beville Rd

28 DAYTONA BEACH FL 32119

29 32119 30 Volusia

3. Date Incorporated or Qualified

05/05/1994

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
Bud Ballard

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

83 P.O. Box 351298

84 City  
Palm Coast

85 Zip Code  
FL 32135

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

Bud Ballard

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

5-15-99

12. OFFICERS AND DIRECTORS

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

TITLE VPT  
NAME LINDSEY, TOM  
STREET ADDRESS 625 DIXIE LANE  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Bud Ballard  
1.3 STREET ADDRESS 1 Fordney Place  
1.4 CITY-ST-ZIP P.O. Box 351298  
Palm Coast, FL 32135

2.1 TITLE VPT  
2.2 NAME Harold Meadows  
2.3 STREET ADDRESS 104 Cedarwood Village Cir  
2.4 CITY-ST-ZIP Daytona Beach, FL 32119

3.1 TITLE ST  
3.2 NAME Bob Marcatos  
3.3 STREET ADDRESS 144 B Golden Eye Dr  
3.4 CITY-ST-ZIP Daytona Beach, FL 32119

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

Bob Marcatos

Date

Daytime Phone #

5/13/99 (904) 788-4978

CR2E037 (11/98)