

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -3 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003568

1. Entity Name
GREEN COVE SPRINGS ORANGE AVENUE BAPTIST
CHURCH, INC.



Principal Place of Business
1106 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043

Mailing Address
1106 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08222006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2358805

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
DAVIS, STEPHANIE H MRS.
1106 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043

7. Name and Address of New Registered Agent
Name Maggie Boger
Street Address (P.O. Box Number is Not Acceptable)
1106 N. ORANGE AVE
City GREEN Cove Springs FL Zip Code 32043

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

Amended AR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLTON, ROBERT MR 3167 RIVER ROAD N GREEN COVE SPRINGS, FL 32043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, RH MR 471 SR 16 E GREEN COVE SPRINGS, FL 32043	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WYMAN, RICHARD MR 1355 RIVER RD W GREEN COVE SPRINGS, FL 32043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TARDIFF, SUSAN MRS 1724 COLONIAL DRIVE GREEN COVE SPRINGS, FL 32043	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Robert G. Lewis 426 Myrtle Avenue Green Cove Springs, FL 32043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080384838 10/03/06--01015--003 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert D Carlton* ROBERT D CARLTON 9/27/06 284-3937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #