

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003568 1. Entry Name GREEN COVE SPRINGS ORANGE AVENUE BAPTIST CHURCH, INC.	
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Principal Place of Business 1106 N ORANGE AVE GREEN COVE SPRINGS, FL 32043	Mailing Address 1106 N ORANGE AVE GREEN COVE SPRINGS, FL 32043
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2358805	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BOGER, MAGGIE
1106 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

4/16/08

000000911356

05/07/08-80037-014 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WITHAM, STEPHEN D MR 3648 SPYGLASS COURT GREEN COVE SPRINGS, FL 32043
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEWIS, ROBERT G 426 MYRTLE AVE GREEN COVE SPRINGS, FL 32043
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KENNISON, CHESTER MR 2605 FERNLEAF DRIVE GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

Date

(904)284-6155

Daytime Phone #