

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001668

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** OPEN BIBLE BAPTIST CHURCH OF GREATER DAYTONA BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

1445 FLOMICH ST.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

560 WALKER ST.  
HOLLY HILL, FL 32117

**Current Mailing Address:**

300 N BEACH ST  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3279122      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER WRIGHT, LYNN  
2716 REW CIRCLE  
SUITE 102  
OCOOE, FL 34761 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: D ( ) Delete  
Name: BAKER, JAMES O  
Address: 300 NORTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: BAKER, SUE  
Address: 300 NORTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: KING, KENNY  
Address: 11 GROVE ST  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: ANDREW, TERESA  
Address: 308 N GREENWAY DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete  
Name: MARTINSON, LYNN  
Address: 718 CENTER ST  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BAKER, JAMES O PASTOR  
Address: 300 NORTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: C (X) Change ( ) Addition  
Name: BAKER, SUE  
Address: 300 NORTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES O. BAKER

D

04/18/2006

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

\_\_\_\_\_  
Date