2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # N97000001668** OPEN BIBLE BAPTIST CHURCH OF GREATER DAYTONA BEACH, FLORIDA, INC. 04-26-2007 90232 032 ****61.25 Principal Place of Business Mailing Address 560 WALKER ST. 300 N BEACH ST ORMOND BEACH, FL 32174 HOLLY HILL, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #. etc. 04222007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3279122 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER WRIGHT, LYNN Street Address (P.O. Box Number is Not Acceptable) 2716 REW CIRCLE SUITE 102 OCOEE, FL 34761 Zip Code City 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 Stansture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete Trostec TIDLE Jeffrey Lilly 500 Shadow Lake Blud, Apt 1139 BAKER, JAMES O PASTOR NAME NAME STREET ADDRESS 300 NORTH BEACH STREET STREET ADDRESS ORMOND BEACH, FL. 32174 CITY-ST-ZIP CITY-ST-ZIP Ormand Beach, FL 32174 ☐ Delete TITLE Trustee Addition 🔀 NAME BAKER, SUE NAME Ron Brunson 1412 Mardrate Road STREET ADDRESS 300 NORTH BEACH STREET STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition KING, KENNY NAME NAME STREET ADDRESS 11 GROVE ST STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition ANDREW, TERESA NAME NAME 308 N GREENWAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MARTINSON, LYNN NAME STREET ADDRESS 718 CENTER ST STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE F ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-71P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER James O. Baker april 23, 07