Current Mailing Address: P.O. BOX 1901 ORMOND BEACH, FL 32176 US FEI Number: 59-2941064 Certificate of Status Desired: No Name and Address of Current Registered Agent: HARWOOD, KEITH 6 SANDRA DRIVE ORMOND BEACH, FL 32176 US 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:
ORMOND BEACH, FL 32176 US FEI Number: 59-2941064 Certificate of Status Desired: No Name and Address of Current Registered Agent: HARWOOD, KEITH 6 SANDRA DRIVE ORMOND BEACH, FL 32176 US 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:
Name and Address of Current Registered Agent:         HARWOOD, KEITH         6 SANDRA DRIVE         ORMOND BEACH, FL 32176 US         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:
HARWOOD, KEITH 6 SANDRA DRIVE ORMOND BEACH, FL 32176 US 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:
6 SANDRA DRIVE ORMOND BEACH, FL 32176 US 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:
SIGNATURE:
Electronic Signature of Registered Agent Date
Officer/Director Detail :
Title PASTOR Title VP
Name ECKERT, JEFF Name HARWOOD, KEITH
Address 6 SANDRA DRIVE Address 6 SANDRA DRIVE
City-State-Zip: ORMOND BEACH FL 32176 City-State-Zip: ORMOND BEACH FL 32176

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712839

Entity Name: NORTH PENINSULA BAPTIST CHURCH OF ORMOND BEACH, FLORIDA, INC.

**Current Principal Place of Business:** 

CORRESPONDING SECRETARY

ORMOND BEACH FL 32176

STRICKLAND, PAM

**6 SANDRA DRIVE** 

**6 SANDRA DRIVE** ORMOND BEACH EL 32176

Title

Name

Address

City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: KEITH E HARWOOD

Electronic Signature of Signing Officer/Director Detail

VP

02/15/2018

FILED Feb 15, 2018 Secretary of State CC1537140483

Date