


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90048 025 \*\*\*\*70.00

**DOCUMENT # 705157**

1. Entity Name  
**FIRST BAPTIST CHURCH AT UNION PARK, FLORIDA, INC.**



Principal Place of Business  
**10301 EAST COLONIAL DRIVE  
 ORLANDO, FL 32817-4333 US**

Mailing Address  
**10301 EAST COLONIAL DRIVE  
 ORLANDO, FL 32817-4333 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
**59-2101463**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PRATT, COLEMAN  
 3131 T.C.U BLVD.  
 ORLANDO, FL 32817**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCDT<br>WOOD, JR, ROBERT D<br>1720 MONTEBURG DR<br>ORLANDO, FL 32825 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DT (title change only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>← Same                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVC<br>GONZALEZ, MALBERTO<br>2712 10TH ST<br>ORLANDO, FL 32820 <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DC (title change only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>← Same                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>WATSON, DANNY<br>10623 BOLAND DR<br>ORLANDO, FL 32825 <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BA<br>RHODEN, WILLIAM<br>2626 DANIELLE DR<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVC<br>Heartfield, Dennis<br>158 Gulfside Circle<br>Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NA<br>FIRST BAPTIST CHURCH OF UNION PARK<br>10301 EAST COLONIAL DRIVE<br>ORLANDO, FL 32817 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | EP<br>Parker, Stephen<br>9665 Sunderson St.<br>Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** Coleman Pratt **Coleman Pratt** 2/5/07 407-277-9404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40011902



01042007 Chg-NP CR2E037 (12/06)