2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90022 035 ****70.00

DOCUMENT # 707592

1. Entity Name

FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST CHURCH OF APOPKA, INC.

Principal Place of Business	Mailing Address
200 E 6TH ST APOPKA FL 32703	200 E 6TH ST APOPKA FL 32703

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2399903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUGULETTO, MARK 1359 YVONNE ST APOPKA FL 32712	Name: MCCARVER, BOBBY G. Street Address (P.O. Box Number is Not Acceptable): 4609 Round Lake Road City: Zellwood FL Zip Code: 32798

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: x Bobby G. McCarver 4.28.08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUGULETTO, MARK 13959 YVONNE ST APOPKA FL 32712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D George Scott Barker 4837 Pierce Arrow Dr. Apopka, Fl 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARVER, BOBBY G PO BOX 522 N/A ZELLWOOD, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jesse Edward Barker 4837 Pierce Arrow Dr Apopka, Fl. 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALAHAN, DAN 621 JAY ST OCOEE FL 34761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAULA MCCARVER 4609 Round Lake Road Zellwood, Fl. 32798	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AUGULETTO, VICKY 13959 YVONNE ST APOPKA FL 32712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: x Paula McCarver 4.28.08 407-886-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #