

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


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90080 020 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 713266				
1. Entity Name FIRST BAPTIST HOUSING, INC.				
Principal Place of Business 414 EAST PINE STREET ORLANDO, FL 32801		Mailing Address 414 EAST PINE STREET ORLANDO, FL 32801		
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 59-2357101				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SANDERS, LARRY T. 414 E PINE ST ORLANDO, FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, ROBERT		NAME	
STREET ADDRESS	9664 WEATYERSTONE COURT		STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLORY, SHIRLEY		NAME	
STREET ADDRESS	613 ORIOLE STREET		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, JAMES		NAME	Wilburn T. Mowdy
STREET ADDRESS	1457 MONTCALM ST		STREET ADDRESS	5608 Craindale Dr
CITY-ST-ZIP	ORLANDO, FL 00000,		CITY-ST-ZIP	Orlando FL 32819
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS, WENGER		NAME	
STREET ADDRESS	4600 TINSLEY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARNOLD, WESLEY		NAME	Lloyd Blackburn
STREET ADDRESS	3927 WATERFRONT PARKWAY		STREET ADDRESS	8119 Courtleigh Dr
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando FL 32835
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JUDD J		NAME	
STREET ADDRESS	5025 BULTER RIDGE DR		STREET ADDRESS	
CITY-ST-ZIP	WINDEMERE, FL		CITY-ST-ZIP	
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: <u>Robert E Kelsey</u>		Date: <u>2/20/07</u>		Daytime Phone #: <u>407-841-7207</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				