

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724564

FILED
Apr 28, 2007
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF PALM RIVER, INC.

Current Principal Place of Business:

5415 PALM RIVER ROAD
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5415 PALM RIVER ROAD
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-6513401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, RICHARD
7416 CELESTE LANE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SKIPPER, JERRY
Address: 3210 S 70 ST.
City-St-Zip: TAMPA, FL

Title: RA () Delete
Name: CLARK, RICHARD
Address: 7416 CELESTE LANE
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: ALMAND, ROBERT
Address: 520 S. 56TH ST
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SMYER, CHARLIE
Address: 711 PAPAYA DR.
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: HAST, CHUCH
Address: 504 S. 57TH ST
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT ALMAND

SD

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date