


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91425 004 ****70.00

DOCUMENT # 752486			
1. Entity Name NORTH PARK BAPTIST CHURCH, INC.			
Principal Place of Business 741 NORTH MILLS AVE ORLANDO FL 32803		Mailing Address 741 NORTH MILLS AVE ORLANDO FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6001573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRASWELL, CARLTON S DR 741 NORTH MILLS AVE ORLANDO FL 32803		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>			



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SENEY, WARREN 2811 CLEMWOOD ORLANDO FL 32803-6801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bryan, Kenneth 1630 Morgans Mill Circle Orlando, Florida 32825-8289
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, VI 1012 MAIN STREET P O BOX 342 WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bryan, Jeane 1630 Morgans Mill Circle Orlando, Florida 32825-8289
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODSON, TUESDAY D 212 LONGHIRST LOOP OCOOE FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Darling, Sharon 3856 Gatlin Place Circle Orlando, Florida 32812-7649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, THALIA 2000 HILLCREST ST., #505 ORLANDO FL 32803 -4841	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, JOHN W 2843 LAKE SHORE DR ORLANDO FL 32803-1317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carlton S. Braswell* **REQUIRED** **4-24-03 407-896-8341**

CR2E037 (10/02)