

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

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000008332**

1. Entity Name  
NATIONAL ALLIANCE OF PROGRESSIVE CHURCHES,  
INC.



Principal Place of Business

532 S. ECON CIRCLE  
SUITE 100  
OVIDO, FL 32765

Mailing Address

236 LEXINGDALE DR.  
ORLANDO, FL 32828



04252007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3760131

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

WRIGHT, WILEY C  
236 LEXINGDALE DR.  
ORLANDO, FL 32828

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/2007  
DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	WRIGHT, WILEY C
STREET ADDRESS	236 LEXINGDALE DR.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	T
NAME	WRIGHT, ANTENITA
STREET ADDRESS	236 LEXINGDALE DR.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	T
NAME	MOSS, SAMANTHA
STREET ADDRESS	12861 WATERHAVEN CIR.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	T
NAME	KIDD, SHARON
STREET ADDRESS	519 APPLETON PL.
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	T
NAME	HILL, CYNTHIA
STREET ADDRESS	1917 STONE ABBEY BLVD
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000747917  
05/17/07-80044-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2007  
Date

407-359-1101  
Daytime Phone #