


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
 OVIEDO, FL 32765

Mailing Address
 236 LEXINGDALE DR.
 ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE



04252007 No Chg-NP CR2E037 (4/06)

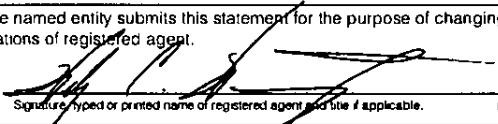
4. FEI Number 59-3760131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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  DATE 4/26/2007

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000747917
 05/17/07-80044-016 61.25

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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:  DATE 4/26/2007 DAYTIME PHONE # 407-359-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR