


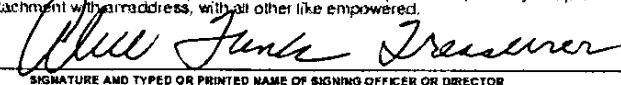


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90017 033 ****61.25

| | | | | | |
|--|---------------------------|--|--|---|--|
| DOCUMENT # N99000003427 | | | |  | |
| 1. Entity Name BABSON PARK COMMUNITY CHURCH, INC. | | | | | |
| Principal Place of Business 725 RAINBOW BLVD. BABSON PARK, FL 33827 | | Mailing Address P.O. BOX 35 BABSON PARK, FL 33827 | | <p style="text-align: right; font-size: 24pt;">50024268</p>  | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 07112006 Chg-NP CRZE037 (4/06) | |
| 4. FEI Number 59-6218948 | | 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 CONNOR J DAVIS 146 S LAKESHORE BLVD LAKE WALES, FL 33853-3822 | | | 7. Name and Address of New Registered Agent Name <u>ROBERT H. GRAY</u> Street Address (P.O. Box Number is Not Acceptable) PO Box 1106 <u>295 S. CARPENTER AVE.</u> City <u>Bartow, FL</u> Zip Code <u>33830</u> | | |
| 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  | | ROBERT H. GRAY | | 8/1/06 | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, ERIC | | NAME | | |
| STREET ADDRESS | 1440 SEMINOLE RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | BABSON PARK, FL 33827 | | CITY - ST - ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FUNK, ALICE | | NAME | | |
| STREET ADDRESS | P.O. BOX 858 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BABSON PARK, FL 338270858 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FESSLER, LILLIAN K | | NAME | | |
| STREET ADDRESS | 101 LA CASA | | STREET ADDRESS | | |
| CITY - ST - ZIP | LAKE WALES, FL 338987474 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, AVELINO | | NAME | | |
| STREET ADDRESS | 31 PINE RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | BABSON PK, FL 335279637 | | CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LYLIS, LORETTA | | NAME | STAN CISZEK | |
| STREET ADDRESS | 32 GENESIS POINTE | | STREET ADDRESS | 110 ILLINOIS AVE | |
| CITY - ST - ZIP | LAKE WALES, FL 33859 | | CITY - ST - ZIP | BABSON PK, FL 33827-9640 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, DIANE | | NAME | | |
| STREET ADDRESS | 1810 GOLFVIEW CUTOFF | | STREET ADDRESS | | |
| CITY - ST - ZIP | BABSON PARK, FL 33827 | | 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:  | | | | 7/27/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | DATE | |