


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90028 012 \*\*\*\*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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  GRAY, ROBERT H 295 S. CARPENTER AVE. BARTOW, FL 33830		7. Name and Address of New Registered Agent Name <u>CISZEK, STAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>110 ILLINOIS AVE</u> City <u>Babson Park</u> <u>FL</u> Zip Code <u>33827</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 <u>Stan Ciszek</u> DATE <u>MARCH 12, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ERIC 1440 SEMINOLE RD BABSON PARK, FL 33827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUNK, ALICE P.O. BOX 858 BABSON PARK, FL 338270858 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIKS, WALTER 1470 N. CROOKED LAKE DR. BABSON PARK, FL 33827-9718 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOANNE 903 OH LINE 57 BABSON PARK, FL 33827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOANNE 2330 THORGAU DR LAKE WALES, FL 33898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, AVELINO 31 PINE RD BABSON PK, FL 335279637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY CINDI 224 E STUART AVE LAKE WALES, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MICHAEL 128 SEMINOLE RD BABSON PARK, FL 33827 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, RONALD 638 HILLSIDE DR. BABSON PARK, FL 33827 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CISZEK, STAN 110 ILLINOIS AVE BABSON PARK, FL 33827 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBURN, CONNIE P.O. BOX 546 FRDSTPROOF, FL 33843-0546 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Stan Ciszek</u>		DATE: <u>MARCH 12, 2008</u> DAYTIME PHONE # <u>963-638-1235</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6218948 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required