

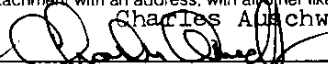


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 034 ****61.25

DOCUMENT # 700361			
1. Entity Name THE FIRST BAPTIST CHURCH OF CONWAY, INC.			
Principal Place of Business 4000 S. CONWAY ROAD ORLANDO, FL 32812-5050		Mailing Address 4000 S. CONWAY ROAD ORLANDO, FL 32812-5050	
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		7. Name and Address of New Registered Agent	
HUGHES, CLYDE 4287 LILLIAN HALL LANE ORLANDO, FL 32812		Name Auschwitz, Charles	
		Street Address (P.O. Box Number is Not Acceptable) 5283 Hoperita Street	
		City Orlando	
		FL Zip Code 32812	
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:  Charles Auschwitz, Pastor DATE: July, 9, 2007			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCKER, MARY 6154 MARY LYNN CT ORLANDO, FL 00000. <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	CT REAVES, CECIL 3940 ATRIUM DR. ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT Garden, Ronald 8861 Reservation Drive Orlando, FL 32829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUGHES, CLYDE 4287 LILLIAN HALL LANE ORLANDO, FL 32812 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Auschwitz, Charles 5283 Hoperita Street Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  Charles Auschwitz, Pastor		Date: 7-9-07 Daytime Phone #: 407-277-3040	

40124001



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1110624 Applied For Not Applicable

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

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE:  Charles Auschwitz, Pastor
 Date: 7-9-07 Daytime Phone #: 407-277-3040