


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

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 700462		
1. Entity Name THE FIRST BAPTIST CHURCH OF APOPKA, INC.		
Principal Place of Business 441 SOUTH HIGHLAND APOPKA, FL 32703		Mailing Address 441 SOUTH HIGHLAND APOPKA, FL 32703
DO NOT WRITE IN THIS SPACE		
04032007 No Chg-NP CR2E037 (4/06)		
4. FEI Number 59-1197230		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FORSBERG, LYLE 235 N WASHINGTON AV APOPKA, FL 32703		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 <u>LYLE M. FORSBERG</u> <u><i>Lyle M. Forsberg</i></u> <u>4-5-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000701423 04/20/07-80057-010 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PAGE, THOMAS M 2374 MARDEN RD APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WALT 1616 SCHOPKE RD. APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTERS, BONNIE 1266 STONEYWOOD WAY APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNS, ALLEN 1410 S. MINK DR. APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ASTERS, BONNIE 1266 STONEYWOOD WAY APOPKA, FL 32712	
TITLE NAME STREET ADDRESS 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: <u><i>Allen R. Burns</i></u> <u>4/7/07</u> <u>4078862628</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		DO NOT WRITE IN THIS SPACE