


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90234 002 \*\*\*\*70.00

<b>DOCUMENT # 706053</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF WINTER PARK, INC.</b>					
Principal Place of Business <b>1021 N NEW YORK AVE</b> <b>WINTER PARK, FL 32789 US</b>			Mailing Address <b>PO BOX 470</b> <b>WINTER PARK, FL 32790 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-0942750</b>	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent  <b>COWART, JR F O</b> <b>420 CORNWALL RD</b> <b>WINTER PK, FL 32792</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALDHEIM, EDDIE</b> <b>750 S. LAKE SYBELIA DR.</b> <b>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(SECRETARY) S/D</b> <b>RICKY AKIN</b> <b>1537 HUNTERS Mill Place</b> <b>Oviedo, FL 32765-8452</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, ROBERT L</b> <b>2907 UPPER PARK RD.</b> <b>ORLANDO, FL 32814</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBARA STAFFORD</b> <b>1044 CRYSTAL BOWL CIRCLE</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REED, EULA MRS</b> <b>4658 HALL RD</b> <b>ORLANDO, FL 328171202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILL RUSH</b> <b>1916 BELFORD CT.</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>COLLEY, CARLTON E MR</b> <b>2923 SUMMERFIELD RD.</b> <b>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEAN FOLEY</b> <b>823 LEOPARD TRAIL</b> <b>WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HUNTER, DONALD</b> <b>707 THUNDER TRAIL</b> <b>MAITLAND, FL 32751</b> <input checked="" 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	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> _____			_____ <b>4-24-2007</b> <b>407-595-5926</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		