

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90072 039 \*\*\*\*70.00

**DOCUMENT # 707592**

1. Entity Name

**FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST  
CHURCH OF APOPKA, INC.**



Principal Place of Business

**200 E 6TH ST  
APOPKA FL 32703**

Mailing Address

**200 E 6TH ST  
APOPKA FL 32703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2399903**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOTES, DANNY  
10627 5TH AVENUE  
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name **AUGULETTO, MARK**

Street Address (P.O. Box Number is Not Acceptable)

**13959 YVONNE ST**

City

**APOPKA**

**FL**

Zip Code

**32712**

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

*[Signature]*

**MARK AUGULETTO PD**

**01/22/2006**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **AUGULETTO, MARK**  
STREET ADDRESS **13959 YVONNE ST**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete  
NAME **MCCARVER, BOBBY G**  
STREET ADDRESS **PO BOX 522 N/A**  
CITY-ST-ZIP **ZELLWOOD, FL 00000**

TITLE **PD** ☒ Delete  
NAME **MOTES, DANNY**  
STREET ADDRESS **10627 5TH AVENUE**  
CITY-ST-ZIP **OCOE FL 34761**

TITLE **S** ☒ Delete  
NAME **MOTES, KIMBERLY**  
STREET ADDRESS **10627 5TH AVE**  
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **DAN CALAHAN**  
CITY-ST-ZIP **621 JAY ST.  
OCOE FL 34761**

TITLE ☒ Change ☐ Addition  
NAME **SECRETARY**  
STREET ADDRESS **VICKY AUGULETTO**  
CITY-ST-ZIP **13959 YVONNE ST  
APOPKA, FL 32712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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

*[Signature]*

**VICKY AUGULETTO 01-22-2006**

**407-884-0044**