


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 034 ****70.00

DOCUMENT # 707592	
1. Entity Name	

FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST
CHURCH OF APOPKA, INC.

Principal Place of Business	Mailing Address
200 E 6TH ST APOPKA FL 32703	200 E 6TH ST APOPKA FL 32703



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

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2399903	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUGULETTO, MARK 13959 YVONNE ST APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) 1359 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing ☐ \$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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGULETTO, MARK	NAME	
STREET ADDRESS	13959 YVONNE ST	STREET ADDRESS	1359 YVONNE ST
CITY - ST - ZIP	APOPKA FL 32712	CITY - ST - ZIP	APOPKA, FL 32712
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARVER, BOBBY G	NAME	
STREET ADDRESS	PO BOX 522 N/A	STREET ADDRESS	
CITY - ST - ZIP	ZELLWOOD, FL 00000	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAHAN, DAN	NAME	GEORGE SCOTT BARKER
STREET ADDRESS	621 JAY ST	STREET ADDRESS	4837 PIERCE ARROW DR
CITY - ST - ZIP	OCOE FL 34761	CITY - ST - ZIP	APOPKA, FL 32712
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGULETTO, VICKY	NAME	
STREET ADDRESS	13959 YVONNE ST	STREET ADDRESS	1359 YVONNE ST
CITY - ST - ZIP	APOPKA FL 32712	CITY - ST - ZIP	APOPKA, FL 32712
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Bobby G. McCarver BOBBY G. MSCARVER - DIRECTOR 02/20/07 407-886-8241