


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

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 708933 1. Entity Name PLYMOUTH BAPTIST CHURCH, INC.	
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Principal Place of Business 2434B OLD DIXIE HWY. APOPKA, FL 32712	Mailing Address 2434B OLD DIXIE HWY. APOPKA, FL 32712
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

JOHNSON, JANIE
783 RIVER ROCK BLVD
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

6. 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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULL, TRACY 6325 LAKE LORLA DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEMP, WOODROW 1632 TRUMBRO ST. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, RUTH 153 W POKAN RD. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HULL, H. FAYE 6325 LAKE LORLA DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARNOW, PHILIP 1405 HARVEY CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000716453
04/30/07-80003-002 70.00

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:  **4-15-07** **407-889-3358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #