## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2007 8:00 am Secretary of State

DOCUMENT # 714925  1. Entity Name NEW PROSPECT BAPTIST CHURCH INC						04-04-	2007 9018		
Principal Place of Business Mailing Address 761 NEW PROSPECT RD 761 NEW PROSPECT RD CHIPLEY, FL 32428-6703 US CHIPLEY, FL 32428-6703 US					400504	16 !!!!!!!			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	ing Address			NIGO HAND HEEL H		i dian khili dib	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232007 <sub>C</sub>	hg-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-207837	73		<del></del>	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent	N		7. Name and Add	iress of New	Registered A	gent	
CLARK, C	AROLYN A		Name						
	PROSPECT RD		Street A	Adaress (	P.O. Box Number is	Not Acceptat	ole)		
0,111, 22,1,	TE GETEG				-				·
}			City				FL	Zip Cod	e
	named entity submits this statement follows of registered agent.	r the purpose of changing its re	egistered office o	r register	ed agent, or both, in	the State of F	lorida. I am fa	amiliar with,	and accept
inc congar	ions of registered agent.								
SIGNATURE .									
1	Signature, lyped or printed name of registered abent	and title dispolicable. (NOTE: I	Registered Agent signat	there remarked	when renetation)		DATE		<del></del>
	Signature, typed or printed name of registered agent	<del></del>	Registered Agent signs	ture required			DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if applicable. (NOTE:  9. Election Camp Trust Fund Co	paign Financing	ture required	\$5.00 May Be Added to Fees		DATE Make check orida Depart		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flo	Make check orida Depart	ment of St	tate
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE.	STERNIURE AND THEO OR PH	FICER OR DIRECTOR		Date	Daytime Phone #	
SIGNATURE:	-51 C	2 had	Jimmy	Lipford	03-26-07	850-638-4170