



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 715152 1. Entity Name NEW PROVIDENCE MISSIONARY BAPTIST CHURCH, FORESTCITY, INC.	
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Principal Place of Business 700 ARLETTA P. O. BOX 581004 ORLANDO, FL 32858-1004	Mailing Address 700 ARLETTA P. O. BOX 581004 ORLANDO, FL 32858-1004
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-NP CR2E037 (4/06)


4. FEI Number 59-3037264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALEXANDER, JOHN
2725 JOHN PAUL DRIVE
ORLANDO, FL 32810**

DO NOT WRITE IN THIS SPACE

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  DATE **July 17, 2006**

(NOTE: Registered Agent signature required when reinstating)

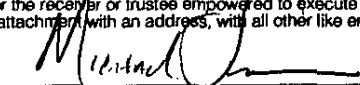
Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000571218 07/19/06-80008-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD VEREEN, NATHANIEL J 213 EATON STREET EATONVILLE, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALEXANDER, LOUISE 2725 JOHN PAUL DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, TARA 5850 LOKEY DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS VEREEN, ROSETTA G. 15 E. KENNEDY AVENUE EATONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALEXANDER, JOHN 2725 JOHN PAUL DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAEL R. SMITH 5850 LOKEY DRIVE ORLANDO, FL 32810

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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.

SIGNATURE:  **7-17-06**

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