

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

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 715152

1. Entity Name
**NEW PROVIDENCE MISSIONARY BAPTIST CHURCH,
FORESTCITY, INC.**



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**

DO NOT WRITE IN THIS SPACE



03052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3037264

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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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04/10/07-80033-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #