

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715152

FILED  
Apr 18, 2008  
Secretary of State

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

**Current Principal Place of Business:**

700 ARLETTA  
P. O. BOX 581004  
ORLANDO, FL 328581004

**New Principal Place of Business:**

700 ARLETTA  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

700 ARLETTA  
P. O. BOX 581004  
ORLANDO, FL 328581004

**New Mailing Address:**

P.O. BOX 581004  
ORLANDO, FL 328581004

**FEI Number:** 59-3037264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TRD ( ) Delete  
Name: VEREEN, NATHANIEL J  
Address: 213 EATON STREET  
City-St-Zip: EATONVILLE, FL 32751

Title: T ( ) Delete  
Name: ALEXANDER, LOUISE,  
Address: 2725 JOHN PAUL DRIVE  
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete  
Name: SMITH, TARA,  
Address: 5850 LOKEY DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: MS ( ) Delete  
Name: VEREEN, ROSETTA G.,  
Address: 15 E. KENNEDY AVENUE  
City-St-Zip: EATONVILLE, FL

Title: CD ( ) Delete  
Name: ALEXANDER, JOHN,  
Address: 2725 JOHN PAUL DRIVE  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: MICHAEL R. SMITH,  
Address: 5850 LOKEY DRIVE  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. SMITH

VD

04/18/2008

Electronic Signature of Signing Officer or Director

Date