


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

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720927**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF INWOOD, INC.**



Principal Place of Business 1302 33RD STREET N.W. WINTER HAVEN, FL 33881	Mailing Address 1302 33RD STREET N.W. WINTER HAVEN, FL 33881
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1506991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WALKER, GARRY L.  
 300 WALKER LANE  
 POLK CITY, FL 33868

**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 \$61.25 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	D WALKER, GARRY L. 925 ST. RD. 655 POLK CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAW, K. LYNNE 2810 HURST RD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000595123  
 01/23/07-80027-017 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:** *K Lynne Shaw* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: 1/11/07 Daytime Phone #: 863-967-2504