

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90016 035 \*\*\*\*61.25



**DOCUMENT # 722463**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF FRUITLAND PARK, INC.**

Principal Place of Business      Mailing Address  
**509 WEST BERCKMAN STREET**      **509 WEST BERCKMAN STREET**  
**FRUITLAND PARK FL 34731**      **FRUITLAND PARK FL 34731**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State

4. FEI Number      Applied For  
**59-2204301**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**TAYLOR, LAWRENCE E - ATTORNEY**  
**1029 W MAGNOLIA ST**  
**P. O. BOX 477**  
**LEESBURG FL 34748**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	TR BELL, CHRIS 110 E BERCKMAN STREET FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TR LEE, JOHN 1225 LEWIS ROAD FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TR HOWARD, MIKE 308 THOMAS STREET FRUITLAND PARK FL 34731	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TR TAYLOR, JUANITA 1720 INDIAN TRIAL LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TRU TREEN, PEGGY 303 N VALLEY RD FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TRU HANSARD, MIKE 2021 TOBY LANE FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY ST ZIP	Scott Strong trustee 36404 Via Marcia Fruitland Park, FL 34731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Peggy Treen      PEGGY TREEN      02-22-07      352-326-8586