
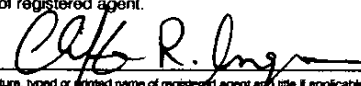


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90092 049 \*\*\*\*70.00

<b>DOCUMENT # 752486</b> 1. Entity Name <b>NORTH PARK BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>P.O. BOX 536925</b> <b>ORLANDO, FL 32853-6925</b>			Mailing Address <b>P.O. BOX 536925</b> <b>ORLANDO, FL 32853-6925</b>		
2. Principal Place of Business - No P.O. Box # <b>940 N HIGHLAND AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State		4. FEI Number <b>59-6001573</b>	
Zip <b>32803</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRASWELL, CARLTON S DR</b> <b>940 N. HIGHLAND AVE.</b> <b>ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent Name <b>Ingram, Clifton R Dr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>940 N HIGHLAND AVE</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>		
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  <span style="float: right;">Jan. 16, 2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BRYAN, KENNETH</b> <b>1630 MORGANS MILL CIR.</b> <b>ORLANDO, FL 328258289</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>DAVIES, John W.</b> <b>2643 Lake Shore Dr.</b> <b>Orlando FL 32803-1317</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SIMS, JEAN</b> <b>1308 HERON DR</b> <b>ORLANDO, FL 328032322</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Robert Howell</b> <b>4007 Conway Place Cir.</b> <b>Orlando FL 32812</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>DARLING, SHARON</b> <b>3856 GATLIN PLACE CIRCLE</b> <b>ORLANDO, FL 328127649</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BRADLEY, THALIA</b> <b>2000 HILLCREST ST., #505</b> <b>ORLANDO, FL 32803</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Betty McDaniel</b> <b>929 Mead Ave</b> <b>Winter Park FL 32789-5643</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STRICKLAND, FRANK</b> <b>2402 E. MARKS ST</b> <b>ORLANDO, FL 328033629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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 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: 

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