

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004405

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** FAITH MISSIONARY BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

**Current Principal Place of Business:**

200 SOUTH BOULEVARD  
WEST DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 751  
DAVENPORT, FL 33836

**New Mailing Address:**

**FEI Number:** 56-2395380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARTER, STAN  
405 EAST BOULEVARD  
DAVENPORT, FL 33837 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: D ( ) Delete  
Name: CARTER, STAN  
Address: 405 EAST BOULEVARD  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: ZAMBRANO, DAVID  
Address: 6156 MISS MARY ANN RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: WATSON, ALLEN JR  
Address: 600 HORSESHOE CREEK RD.  
City-St-Zip: DAVENPORT, FL 33837

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

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

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

Title: D (X) Change ( ) Addition  
Name: BURKE, JIM  
Address: 354 ASHLEY DRIVE  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the 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: STAN CARTER

D

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date