## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State

				, Scciciai	ry or State
DOCUMENT # N05000011733  1. Entity Name BALDWIN PARK MERCHANTS ASSOCIATION, INC.				0083 020 ****61.25	
Principal Place 4844 NEW B ORLANDO, FU	ROAD STREET	Mailing Address 4844 NEW BROAD STR ORLANDO, FL 32814	eet . Us	40062982	6760 (1106 )UFU KROSO (5108 (11115) B. 1408
•	Place of Business - No P.O. Box #	3. Mailing Address	2 - 0 - 0 -		
Suite, Apt.	New Broad St.	Suite, Apt. #, etc.	Broad St.	04062007 Chg-NP	CR2E037 (12/06)
City & State	do, FL.	City & State	٤.	4. FEI Number	Applied For
328		32814	کی	NOT APPLICABLE	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Re	gistered Agent
JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST			Name Street Address	(P.O. Box Number is Not Acceptable	,
	D, FL 32814		-4-		
			City	151 New Broad	St. Zip Code
			Ork		FL 32014
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flor	rida. I am tamiliar with, and accept
SIGNATURE .	Signature, typed or printed name of registered age		Haul K, V	ad when reinstating)	4-6-07 DATE
SIGNATURE .		ent and title il applicable (NOTE	npaign Financing	\$5.00 May Be Ma	<del></del> `
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D	9. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER	DATE  ake check payable to da Department of State as AND DIRECTORS IN 10
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	npaign Financing Contribution.  11.  IIILE OF NAME STREET ADDRESS 180	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER  FIGURE  Brod Staton  Prospect Ave	DATE  ake check payable to da Department of State  AS AND DIRECTORS IN 10  Change Addition
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  OFF JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814  OFF	9. Election Car Trust Fund C	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE OF	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER  FICAT  Broad Staton  Prospect Ave  Lando, FL 3281	DATE  ake check payable to da Department of State  AS AND DIRECTORS IN 10  Change Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  OFF JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814  OFF LANENGA, TERI 4875 NEW BROAD ST	9. Election Can Trust Fund C  DIRECTORS  Delete	npaign Financing Contribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP OF TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER  FICAL  Brad Staton  Prospect Ave  Londo FL 32814  Ficur  Pouglas  HS New Broad St	Action DATE  Action Date  Action Date  Action Date  Action  Action  Change  Change  Action
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  OFF JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814  OFF LANENGA, TERI	9. Election Can Trust Fund C  DIRECTORS  Delete	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP  OF	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER  FICAL  Brad Staton  Prospect Ave  Lando, FL 32814  FICER  TO Douglas	DATE  ake check payable to da Department of State  AS AND DIRECTORS IN 10  Change Addition  Change Addition
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  OFF JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814  OFF LANENGA, TERI 4875 NEW BROAD ST	9. Election Can Trust Fund C  DIRECTORS  Delete	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER  FIGURE  Brod Staton  Prospect Ave  Lando, FL 3281  Ficer  Douglas  Hando, FL 3281  Ficer  Nic Matthew  Lando, FL 3281  Ficer  Nic Matthew  Lando, FL 3281  Ficer  Nic Matthew  Lando, FL 3281  Ficer	Acte  Ask check payable to da Department of State  Ask AND DIRECTORS IN 10  Change Addition  Change Addition  Change Addition
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10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D  OFF JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814  OFF LANENGA, TERI 4875 NEW BROAD ST	9. Election Can Trust Fund C  DIRECTORS  Delete  Delete	npaign Financing Contribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICER  FICER  Prospect Ave  Lando, FL 3281  Ficer  No Broad St  Lando, FL 3281  Ficer  No Matthew S  Lando, FL 3281  Ficer  No Broad St  Lando, FL 3281  Ficer  Lando, FL 3281	Accheck payable to da Department of State  RS AND DIRECTORS IN 10  Change Addition  Change Addition  Change Addition
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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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-07

407-895-7543

Daytime Phon