


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90083 020 ****61.25

DOCUMENT # N05000011733	
1. Entity Name BALDWIN PARK MERCHANTS ASSOCIATION, INC.	

40062982



Principal Place of Business 4844 NEW BROAD STREET ORLANDO, FL 32814 US	Mailing Address 4844 NEW BROAD STREET ORLANDO, FL 32814 US
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2. Principal Place of Business - No P.O. Box # 4751 New Broad St. Suite, Apt. #, etc. Orlando, FL. City & State 32814 US Zip Country	3. Mailing Address 4751 New Broad St. Suite, Apt. #, etc. Orlando, FL. City & State 32814 US Zip Country
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04062007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814	7. Name and Address of New Registered Agent Name Joel K. Vinson Street Address (P.O. Box Number is Not Acceptable) 4751 New Broad St. City Orlando FL Zip Code 32814
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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 Joel K. Vinson Joel K. Vinson 4-6-07
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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF JONES-PETRICK, PATRICIA A 4844 NEW BROAD ST ORLANDO, FL 32814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer J. Brad Staton 1801 Prospect Ave Orlando, FL 32814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF LANENGA, TERI 4875 NEW BROAD ST ORLANDO, FL 32814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Gary Douglas 4845 New Broad St Orlando, FL 32814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Connie Matthews 4836 New Broad St. Orlando, FL 32814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Shawna Andrews 1340 Lake Baldwin Ln Unit B Orlando, FL 32814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Joel K. Vinson 4751 New Broad St Orlando, FL 32814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Joel K. Vinson / Joel K. Vinson 4-6-07 407-695-7543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #