

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 19, 2006 8:00 am
Secretary of State

05-04-2006 90216 023 ****61.25

DOCUMENT # N44267 1. Entity Name NEW INSPIRATION MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 617 S. LAKEVIEW AVE. WINTER GARDEN FL 34787 US			Mailing Address 617 S. LAKEVIEW AVE. WINTER GARDEN FL 34787 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number NO-T APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GANT, DEBORAH A 617 S. LAKEVIEW AVENUE WINTER GARDEN FL 34787			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDER, JOSEPH		NAME		
STREET ADDRESS	617 S. LAKEVIEW AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN FL 34287		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARP, JACQUELYN		NAME		
STREET ADDRESS	617 S. LAKEVIEW AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN FL 34287		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARP, DAVID SR		NAME		
STREET ADDRESS	617 S. LAKEVIEW AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN FL 34287		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 recorder 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: <i>David Harp Sr President</i> <i>06/30/06</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					