


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 035 ****70.00

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1. Entity Name
FIRST BAPTIST CHURCH OF AVON PARK, FLORIDA INC.



Principal Place of Business
**100 N LAKE AVE
 AVON PARK, FL 33825-3152**


Mailing Address
**100 N LAKE AVE
 AVON PARK, FL 33825-3152**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40002117



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0862867 Applied For
 Not Applicable

5. Certificate of Status Desired **XXXX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WORDEN, HAROLD C
 100 N LAKE AVE
 AVON PARK, FL 33825**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

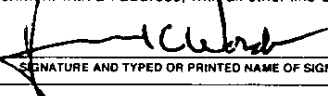
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDRICKSON, BRIAN 70 E. WOLF ST. AVON PARK, FL 33825 XXX Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORDEN, HAROLD C 24 E KENDALL BLVD AVON PARK, FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLOUD, DAVID 216 EAST WALNUT ST AVON PARK, FL 33825 XXXX Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD VIRKLER, JOSH 819 SUMMIT DR SEBRING, FL 33870 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Change XXX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Loveless, Al 804 Pate St. Avon Park, FL 33825 <input type="checkbox"/> Change XXX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Miller, Paul 116 E Lagrande St Avon Park, FL 33825 <input type="checkbox"/> Change XXX 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 reported.

SIGNATURE:  **Harold C. Worden** **863-453-5678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-9-2008** DATE **863-453-5678** Daytime Phone #