
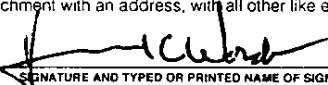


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N94000005164											
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 #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 59-0862867							
Zip		Country		5. Certificate of Status Desired XXXX							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
Filing Fee is \$61.25 Due by May 1, 2008		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	SD HENDRICKSON, BRIAN XXX Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	70 E. WOLF ST.		NAME								
STREET ADDRESS	AVON PARK, FL 33825		STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	TD WORDEN, HAROLD C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	24 E KENDALL BLVD		NAME								
STREET ADDRESS	AVON PARK, FL 33825		STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	PCD CLOUD, DAVID XXXX Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	216 EAST WALNUT ST		NAME								
STREET ADDRESS	AVON PARK, FL 33825		STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	VCD VIRKLER, JOSH <input type="checkbox"/> Delete		TITLE	PCD <input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	819 SUMMIT DR		NAME								
STREET ADDRESS	SEBRING, FL 33870		STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
NAME			NAME	Loveless, Al							
STREET ADDRESS			STREET ADDRESS	804 Pate St.							
CITY-ST-ZIP			CITY-ST-ZIP	Avon Park, FL 33825							
TITLE	<input type="checkbox"/> Delete		TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
NAME			NAME	Miller, Paul							
STREET ADDRESS			STREET ADDRESS	116 E Lagrande St							
CITY-ST-ZIP			CITY-ST-ZIP	Avon Park, FL 33825							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 			Harold C. Worden								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			863-453-5678								
<small>DATE</small>			1-9-2008								
<small>DAYTIME PHONE #</small>											