

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 039 ****61.25

DOCUMENT # N97000000292

1. Entity Name
INMAN PARK BAPTIST CHURCH, INC.



Principal Place of Business
1800 6TH STREET N.W.
WINTER HAVEN, FL 33881-2110

Mailing Address
1800 6TH STREET N.W.
WINTER HAVEN, FL 33881-2110

50007186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1773204

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, BILL
816 LAKE ELBERT COURT
WINTER HAVEN, FL 33881

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 Bill Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

March 18, 2006

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 S ☐ Delete
NAME CARPENTER, MERTHA
STREET ADDRESS 80 GREENVIEW DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME FAULKNER, DELMO
STREET ADDRESS 4283 STAFFORD DR SW
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JOHNSON, LUCY
STREET ADDRESS 1901 19TH ST NW
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MOORE, BILL
STREET ADDRESS 816 LAKE ELBERT CT
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FAULKNER, MARY
STREET ADDRESS 1214 FAIRLANE CT
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4283 Stafford DR SW
CITY-ST-ZIP Winter Haven, FL 33880

TITLE T ☐ Delete
NAME SHARP, JAY
STREET ADDRESS 210 8TH STREET SE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Lucy Johnson Lucy Johnson

3/18/06

863-293-0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #