2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N97000000292

1. Entity Name

INMAN PARK BAPTIST CHURCH, INC.

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1773204 — Applied For / Not Applicable

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 — Bill Moore — 2-20-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	S ☐ Delete CARPENTER, MERTHA 80 GREENVIEW DR WINTER HAVEN FL 33881	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP U00000654774 03/13/07-80077-006 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete FAULKNER, DELMO 4283 STAFFORD DR SW WINTER HAVEN FL 33880	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete JOHNSON, LUCY 1901 19TH ST NW WINTER HAVEN FL 33881	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete MOORE, BILL 816 LAKE ELBERT CT WINTER HAVEN FL 33881	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete FAULKNER, MARY 4283 STAFFORD DR SW WINTER HAVEN FL 33880	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete SHARP, JAY 210 8TH STREET SE 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 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 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 — 2-16-07 — 863/293-8433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #