2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2008 8:00 am Secretary of State DOCUMENT # N97000000292 1. Entity Name 02-21-2008 90018 006 ****61.25 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. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1773204 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, BILL 816 LAKE ELBERT COURT Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33881 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. 2/6/08 Bill Moore SIGNATURE _ Signature, typed or printed came of registered agent and title. I applicable FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees alija ai fisht OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Oelate TITLE X Addition Change CARPENTER, MERTHA NAME NAME Justus, Steve 80 GREENVIEW DR STREET ADDRESS STREET ADDRESS 3851 Young Road WINTER HAVEN FL 33881 CITY - ST - 7IP CITY-ST-ZIP Lake Wales, Fl. 33898 TITLE Delate TITLE ☐ Change ☐ Addition FAULKNER, DELMO NAME 4283 STAFFORD DR SW STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZIP Delete __ TITLE TITLE Addition JOHNSON, LUCY NAME NAME STREET ADDRESS 1901 19TH ST NW STREET ADDRESS WINTER HAVEN FL 33881 CMY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ncitibbA 🔲 MOORE, BILL NAME NAMÉ STREET ADDRESS 816 LAKE ELBERT CT STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-Z-P TITLE ☐ Dalete TITLE Change Addition FAULKNER, MARY NAME NAME 4283 STAFFORD DR SW STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Delete TITLE ☐ Addition TITLE SHARP, JAY MANAE NAME STREET ADDRESS | 210 8TH STREET SE STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

FILED

<u> 293-8433</u>

2/06/08