

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90029 016 \*\*\*\*61.25

**DOCUMENT # 706284**

1. Entity Name

**COLLEGE PARK BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**1914 EDGEWATER DR.  
ORLANDO FL 32804**

**1914 EDGEWATER DR.  
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0774175**

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

**CRAWFORD, F.E.  
1914 EDGEWATER DRIVE  
ORLANDO FL 32804**

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.

SIGNATURE

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | T                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WINBON, ROBERT       |  |
| STREET ADDRESS | 224 W.. SPRUCE ST    |  |
| CITY-ST-ZIP    | ORLANDO FL 32804     |  |
| TITLE          | T                    | <input checked="" type="checkbox"/> Delete |
| NAME           | ATKINS, RICHARD      |  |
| STREET ADDRESS | 1987 BLUE RIDGE RD   |  |
| CITY-ST-ZIP    | WINTER PARK FL 32789 |  |
| TITLE          | T                    | <input type="checkbox"/> Delete            |
| NAME           | SCHIMPF, PETER       |  |
| STREET ADDRESS | 1030 HUNTER AVE      |  |
| CITY-ST-ZIP    | ORLANDO FL 32807     |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | T                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | McINVALE, Ken          |  |
| STREET ADDRESS | 3513 Wilder Ln         |  |
| CITY-ST-ZIP    | Orlando, FL 32804-3531 |  |
| TITLE          | T                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARK HOIPKEMIER        |  |
| STREET ADDRESS | 1224 GUNNISON AVE      |  |
| CITY-ST-ZIP    | Orlando, FL 32804-6326 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)