## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT #706284** 04-25-2005 90265 045 \*\*\*\*61.25 COLLEGE PARK BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 20046056 1914 EDGEWATER DR. 1914 EDGEWATER DR. ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-0774175 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent CARROLL, CYNTHIA B Street Address (P.O. Box Number is Not Acceptable) 1914 EDGEWATER DRIVE ORLANDO, FL 32804 City Zip Code FL 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 04/20/05 BUSINESS MANAGER (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition HUCKLEBERRY, DORIS NAME NAME STREET ADDRESS 910 ALHAMBRA CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328047215 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MONFALCONE, REBECCA NAME NAME STREET ADDRESS 2136 TWELVE LEAGUE CIR STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 327075201 CITY-ST-ZIP TITLE Delete TITLE TRUSTER ☐ Change X Addition ATKINS, RICHARD STUART, GEORGE L. JR. 916 VALDIGIA AVE NAME NAME STREET ADDRESS 1981 BLUE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327895829 CITY-ST-ZIP Olianoo FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-21-05

Daytime Phone #

FILED