2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachry

SIGNATURE: _

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT #706284** 04-03-2006 90374 019 ****61.25 COLLEGE PARK BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 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. 02222006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-0774175 City & State City & State Applied For Not Applicable Country Zip Country Zip \$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 CUNTILA MCINVALE B, CARROLL, CYNTHIA B Street Address (P.O. Box Number is Not Acceptable) 1914 EDGEWATER DRIVE ORLANDO, FL 32804 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. SIGNATURE CUNTIMIA B. MUNIVAUE Signature, typed or printed name of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete □ Addition HUCKLEBERRY, DORIS NAME STREET ADDRESS 910 ALHAMBRA CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 328047215 TRUSTEC Delete TITLE ☐ Change Addition MONFALCONE, REBECCA NAME WART MCCULLY NAME 63 INTERLAKEN RD. STREET ADDRESS 2136 TWELVE LEAGUE CIR STREET ADDRESS CASSELBERRY, FL 327075201 CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE SUART, JR, GEORGE L. NAME STREET ADDRESS 916 VALENCIA AVE. STREET ADDRESS ORLANDO, FL 32804 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regen representation of the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

II other like mpowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

407-843-0140