


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90128 036 \*\*\*\*61.25

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| <b>DOCUMENT # 706284</b><br>1. Entity Name<br><b>COLLEGE PARK BAPTIST CHURCH, INC.</b>   |   |  |  |   |   |
| Principal Place of Business<br><b>1914 EDGEWATER DR.<br/>ORLANDO, FL 32804</b>   |   |  | Mailing Address<br><b>1914 EDGEWATER DR.<br/>ORLANDO, FL 32804</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |   |
| City & State   |   |  | City & State   |  |   |
| Zip  |   | Country                                    |  | Zip  |   |
| Country  |   | Country                                    |  | 4. FEI Number<br><b>59-0774175</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75</b> Additional Fee Required  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><b>MCINVALE, CYNTHIA B<br/>1914 EDGEWATER DRIVE<br/>ORLANDO, FL 32804</b>  |   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.  |   |  |  | DATE   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  | Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2008</b>  |   |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |   |  |  | <b>\$5.00</b> May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SCHIMPF, KAREN<br>21 NW IVANHOE BLVD<br>ORLANDO, FL 328045957  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>MCCULLY, WALT<br>63 INTERLAKEN ROAD<br>ORLANDO, FL 32804      | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SUART, JR, GEORGE L.<br>916 VALENCIA AVE.<br>ORLANDO, FL 32804 | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRUSTEE<br>MCMICHAEL, PHILLIP R.<br>3501 WILDER LANE<br>ORLANDO, FL 32804 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 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 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: <u>Karen C. Schimpf</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |  | Date: <u>4/20/08</u> Daytime Phone #: <u>407-579-6469</u>  |   |

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