

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706284

Entity Name: COLLEGE PARK BAPTIST CHURCH, INC.**Current Principal Place of Business:**1914 EDGEWATER DR.
ORLANDO, FL 32804**Current Mailing Address:**1914 EDGEWATER DR.
ORLANDO, FL 32804**FEI Number: 59-0774175****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCINVALE, CYNTHIA B
1914 EDGEWATER DRIVE
ORLANDO, FL 32804 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TR
Name	GURLEY, MARY
Address	1200 MAURY ROAD
City-State-Zip:	ORLANDO FL 32804

Title	TR
Name	ATKINS, RICHARD L
Address	1981 BLUE RIDGE RD
City-State-Zip:	WINTER PARK FL 32789

Title	TRUSTEE
Name	SINGLETARY, FRANK
Address	46 INTERLAKEN ROAD
City-State-Zip:	ORLANDO FL 32804

Title	OTHER, AUTHORIZED DIRECTOR
Name	JONES, DOUGLAS
Address	6318 NIGHTWIND CIRCLE
City-State-Zip:	ORLANDO FL 32818

Title	OTHER, AUTHORIZED DIRECTOR
Name	BAKER, LAWRENCE
Address	1651 WESTCHESTER AVE
City-State-Zip:	ORLANDO FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY GURLEY**TRUSTEE****02/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date