
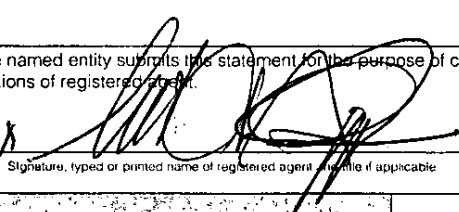


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90188 028 \*\*\*\*61.25

<b>DOCUMENT # 710792</b> 1. Entity Name <b>COLLEGE PARK UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>644 WEST PRINCETON AVENUE ORLANDO FL 32804</b>			Mailing Address <b>644 WEST PRINCETON AVENUE ORLANDO FL 32804</b>		
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 <b>59-0725535</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HASSELL, CHRIS 11001 GROVESHIRE CT OCOE FL 34761</b>			Name <b>Mike Frohnappel</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 Shady Lane Dr</b>  City <b>Orlando,</b> <b>FL</b> Zip Code <b>32804</b>		
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  <small>Signature, typed or printed name of registered agent, if applicable</small>			DATE <b>2/22/06</b> <small>(NOTE: Registered Agent signature required when reconstituting)</small>		
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees  <b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HASSELL, CHRIS</b> <b>11001 GROVESHIRE CT</b> <b>OCOE FL 34761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Frohnappel, Mike</b> <b>901 Shady Lane Dr</b> <b>Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SIMONSON, SHARE</b> <b>8209 BAYWEST CT</b> <b>ORLANDO FL 32835-4442</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Reynolds, Sam</b> <b>640 Clayton St</b> <b>Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>DISON, TROY</b> <b>1324 ARBOR LAKES CIRCLE</b> <b>SANFORD FL 32771</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Murray, Wendel</b> <b>1224 Guernsey St</b> <b>Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BARKER, ERIC</b> <b>2741 SCARLET RD</b> <b>WINTER PARK FL 32792-4328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

2/22/06