

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90077 019 ****61.25

DOCUMENT # 710792

1. Entity Name
COLLEGE PARK UNITED METHODIST CHURCH, INC.



Principal Place of Business
**644 WEST PRINCETON AVENUE
ORLANDO, FL 32804**

Mailing Address
**644 WEST PRINCETON AVENUE
ORLANDO, FL 32804**

40009258



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0725535

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRCHNAPPEL, MIKE
901 SHADY LANE DR
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRCHNAPPEL, MIKE	
STREET ADDRESS	901 SHADY LN DR	
CITY- ST- ZIP	ORLANDO, FL 32804	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, SAM	
STREET ADDRESS	640 CLAYTON ST	
CITY- ST- ZIP	ORLANDO, FL 32804	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, WENDEL	
STREET ADDRESS	1224 GUERNSEY ST	
CITY- ST- ZIP	ORLANDO, FL 32804	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARKER, ERIC	
STREET ADDRESS	2741 SCARLET RD	
CITY- ST- ZIP	WINTER PARK, FL 327924328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Weil	
STREET ADDRESS	5400 Denise Ave	
CITY- ST- ZIP	Orlando, FL 32810	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven March	
STREET ADDRESS	417 West Hazel St	
CITY- ST- ZIP	Orlando, FL 32804-4446	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Will Massey	
STREET ADDRESS	3603 Eloise St	
CITY- ST- ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

Daytime Phone #