

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000001229 (4)**

1. Corporation Name

**CENTRAL PARKWAY BAPTIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5621 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821	P.O. BOX 690956 ORLANDO FL 32869 US

3. Date Incorporated or Qualified <b>09/23/1991</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-3086048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

g. Name and Address of Current Registered Agent

**DONEHOO, W. WILSON  
5007 DEMOTT CT.  
ORLANDO FL 32821**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	<del>R</del>
NAME	<del>HUNNERT, ELLA</del>
STREET ADDRESS	<del>5891 PARKVIEW POINT</del>
CITY - ST - ZIP	<del>ORLANDO FL 32821</del>
TITLE	<del>R</del>
NAME	<del>KACHLER, BERNARD</del>
STREET ADDRESS	<del>5660 MARSH MAN DRIVE</del>
CITY - ST - ZIP	<del>ORLANDO FL 32821</del>
TITLE	D
NAME	BENNETT, EVELYN
STREET ADDRESS	10750 WESTBROOK
CITY - ST - ZIP	ORLANDO FL 32821
TITLE	D
NAME	DONEHOO, W. WILSON
STREET ADDRESS	5007 DEMOTT CT.
CITY - ST - ZIP	ORLANDO FL 32821
TITLE	D
NAME	Monroe, Wilma
STREET ADDRESS	10650 Watercrown ct.
CITY - ST - ZIP	Orlando FL 32821
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Wilson Donehoo Date: 4-23-95 Daytona Phone #: (407) 238-1658