FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000001229 (4)

CENTRAL PARKWAY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address								
5821 CENTRAL FLORIDA PARKWAY		P.O. BOX 690956						
ORLANDO FL 32821		ORLANDO FL 32869				3. Date Incorporated or Qualified		
		US				09/23/1991 4. FEI Number Applied For	\dashv	
						59-3086048 Not Applied For	_	
2. Principal Place of Business		2a. Mailing Address				- 60.7F	-	
21		26				5. Certificate of Status Desired		
ž.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
City & State	Α	City & State				Trust Fund Contribution L Added to Fees	4	
23		28				7. Is this nonprofit corporation a homeowners association?	- [
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent		
•				81 Nar	ne			
	DO, W. WILSON			82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	-	
1	MOTT CT.			83		The same of the sa	_	
ORLAND	O FL 32821			83				
				84 City		FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
agent. I a	m familiar with, and accept the obliga	of Florida, Suction 617,0503, Flo	rida Stat	utes.	orporatio	on's board of directors, i hereby accept the appointment as registered.	-	
SIGNATURE .						d when reinstatino) DATE		
12.	Signature, typed or printed name of registered agent and life if applicable. OFFICERS AND DIRECTORS		Hogisterer	t Agent sign:	iture required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-	
TITLE	D	DELETE	1.1 TI	LE .		Change Additio	i i	
NAME	KING. ALICE	1.2 N		1.2 NAME				
STREET ADDRESS	10329 LICORICE WAY		1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32821			1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TI	Œ		☐ Change ☐ Additio	ם ו	
NAME	HONNERT, ELLA 2		2.2 N/	2.2 NAME			Į	
STREET ADDRESS	5742 DONNELLY CIRCLE		2.3 \$1	2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32821	1 prime		TY-ST-ZIP		Observe The server	_	
TITLE	D	☐ DELETE	3.1 TI			Change Addition	۱ ا	
NAME	TRUITT, WINWARD		32 NA					
STREET ADDRESS	2332 STEPPING STONE CT. ORLANDO FL 32837			REET ADDRE	>>			
CITY-ST-ZIP	URLANDO FL 3203/	DELETE	4.1 TI	TY-ST-ZIP		Change Additio	\exists	
NAME			4, 2 N			_ Crimigs		
STREET ADDRESS				REET ADORE	ss			
CITY-ST-ZIP				ry-st-zip	-			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	ī	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADORE	s			
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP			╛	
TITLE		☐ DELETE	6.1 717	LE		☐ Change ☐ Addition	1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6,2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(67)238-1658

FILED

Jan 27 1998 8:00am

Secretary of State