**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1999



Mailing Address

P.O. BOX 690956

## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N93000001229

1. Corporation Name

Principal Place of Business

5821 CENTRAL FLORIDA PARKWAY

CENTRAL PARKWAY BAPTIST CHURCH. INC.

ORLANDO FL	O FL 32821 OFLANDO FL 32869 US			T 1000/ABY BIA ABUGO XANA BONA ABAN BONA BUGUN BIANA NUMA ABUN 1884 T			
<b>—</b> '	lace of Business	2a. Malling Address			3. Date Incorporated or Qualified 09/23/1991		
21		Suite, Apt. #, etc.		_	4. FEI Number	An	plied For
Sulte, Ap <u>t.</u>	#, etc				59-3086048		t Applicable
22		City & State				\$8.75	
City & Stat		1			5. Certificate of Status Desired	Fee Re	
23	Country		Country	<del>,</del>	6. Election Campaign Financing	\$5.00	May Re
Zip	25	29 30		Trust Fund Contribution	Added to Fees		
24	9. Name and Address of Curren		91		10. Name and Address of New Reg		
	S. TERRISE BING PARTIES OF CONTACT		81	Name			
DONEHO	o w wieon				MITCHELL, STEPHEN		
	O, W. WILSON	•	82	Street Add	ress (P.O. Box Number is Not Acceptable	LANE.	
	MOTT CT. 0 FL 32821		83	t			
OHLAND	U FL 32021			(	DRLANDO,		
			84	City	2	FL 85 Zip 3	921
SIGNATURE	Stophen A A Signature, typed or printed name of eightered ager	utilly, PAST	OR. I	CENTRE	porator statistics and statistics are proportion's board of directors. I hereby accept the PARKWAY BAOTIST CHIEF and when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	T/17 RS IN 12
TITLE	D	☐ DELETÉ	1.1TTLE		<del></del>	Change	Addition
NAME	KING, ALICE		12 NAME	ļ		•	
STREET ADDRESS	10329 LICORICE WAY		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY- 9	T-ZIP			
TITLE	D	DELETÉ	21 TTLE	l l	D	☐ Change	Addition
NAME	HONNERT, ELLA		2.2 NAME	\	NATTS, BRENDA	_	
STREET ADDRESS	5742 DONNELLY CIRCLE		2.3 STREE	· ·	4726 BRADORK DAK DRIVE	8	
CITY-ST-ZIP	ORLANDO FL 32821		2.4 CITY-	ST-ZP C	ORLANDO FL 32837		
TITLE	0	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	TRUITT, WINWARD		3.2 NAME				
STREET ADDRESS	2332 STEPPING STONE CT.		3.3 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837	<del></del>	3.4 CITY	5T-ZIP		<u>-</u> -	<u> </u>
TITLE		☐ DELETÉ	4.1 TITLE	F	2/0	Change	Additio
NAME			4.2 NAME	٨	ALTCHELL STEPHEN H.		
STREET ADDRESS			4.3 STREE	TADDRESS	1660 PEACH STONE HAVE		
CITY-ST-ZIP			4.4 CITY-S	T-2P 0	ELANDO, FL 32821		
me		☐ DELETE	5.1 TITLE	- 'j''-		☐ Change	Addition
NAME			52 NAME	[			
STREET ADDRESS	ļ		5.3 STREE	T ADDRESS			

CITY-ST-ZIP 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 occurate and that my signature shall have the same legal effect as if made under cath; 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE '

NAME

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

**FILED** Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90019 007 \*\*\*\*61.25

• 6 685446 - 90607 - 43 6 •

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☐ Addition

Change