

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90027 014 ****61.25

DOCUMENT # N93000001229

1. Entity Name

CENTRAL PARKWAY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**5821 CENTRAL FLORIDA PARKWAY
 ORLANDO FL 32821**

**P.O. BOX 680956
 ORLANDO FL 32821-8761
 US**

2. Principal Place of Business

3. Mailing Address

5281 CENTRAL FLA PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

4. FEI Number

59-3086048

Applied For

Not Applicable

Zip

Country

32821

Country

ORANGE

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, STEPHEN H
 11660 PEACHSTONE LANE
 ORLANDO FL 32821**

VOID

Name

ROGER E Shelton SR

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

10707 LAZY LK DR

ORLANDO FLA

City

FL

Zip Code

32821

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.

SIGNATURE

Roger E Shelton Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, ALICE	
STREET ADDRESS	10329 LICORICE WAY	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATTS, BRENDA	
STREET ADDRESS	14726 BRADDOCK OAK DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRUITT, WINWARD	
STREET ADDRESS	2332 STEPPING STONE CT.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, STEPHEN H	
STREET ADDRESS	11660 PEACHSTONE LANE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN of Trustees	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER E Shelton SR.	
STREET ADDRESS	10707 LAZY LK DR	
CITY-ST-ZIP	ORLANDO FLA 32821	
TITLE	TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE King	
STREET ADDRESS	10329 LICORICE WAY	
CITY-ST-ZIP	ORLANDO FLA 32821	
TITLE	TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN BENNETT	
STREET ADDRESS	10750 WESTBROOK DR.	
CITY-ST-ZIP	ORLAND FLA 32821	
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 exemption stated in Section 119.07(3)(i), 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: *Roger E Shelton Sr.* **ROGER E Shelton SR** **1-19-2000** **407-352-7972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #