

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90143 031 \*\*\*\*61.25

**DOCUMENT # N93000001229**

1. Entity Name

**CENTRAL PARKWAY BAPTIST CHURCH, INC.**

Principal Place of Business 5821 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821	Mailing Address 5281 CENTRAL FLA PKWY ORLANDO FL 32821 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3086048</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 DI BUONO, NICK  
 10723 WINDSOR PL  
 ORLANDO FL 32821

**7. Name and Address of New Registered Agent**  
 Name: Bunnell Lee  
 Street Address (P.O. Box Numbers Not Acceptable): 5909 Parkview Point Dr.  
 City: Orlando 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: Lee Bunnell DATE: 3-13-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
T DI BUONO, NICK 10723 WINDSOR PL ORLANDO FL 32821	<input checked="" type="checkbox"/> Delete
CT SHELTON, ROGER E SR 10707 LAZY LF DR. ORLANDO FL 32821	<input checked="" type="checkbox"/> Delete
T BUNNELL, LEE 5909 PARKVIEW POINTE DR ORLANDO FL 32821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T Pastor Ed Newhouse 3327 Rider PL. Orlando, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T Trustee Tipp Walter D. 5495 Alandale CT. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lee Bunnell DATE: 3-13-02 DAYTIME PHONE #: 407-345-4251  
Signature and typed or printed name of signing officer or director

CR2E037 (9/01)