


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3086048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIBUONO, NICK
 10723 WINDSOR PL.
 ORLANDO, FL 32821

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

04/23/08-20032-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SHELTON, ROGER 10707 LAZY LAKE DR ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUNNELL, LEE 5909 PARKVIEW POINTE DR ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC MILES, PATRICA B 4809 WATER VISTA DR. ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia B Miles Patricia B. Miles* 407-354-9826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #