

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **744094** (4)

1. Corporation Name

PARKWAY CHURCH OF THE NAZARENE, INC.

MAY - 1 11 9:16
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
162 N. TYNDALL PKWY PANAMA CITY FL 32404	162 N. TYNDALL PKWY PANAMA CITY FL 32404

3. Date Incorporated or Qualified 08/29/1978	3a. Date of Last Report 04/28/1994
4. FEI Number 59-6543226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaigns Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

BROWN, BEULAH
7839 CLUSTER RD.
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name: **Bobbie Sandridge**
82 Street Address (P.O. Box Number is Not Acceptable): **309 S. Berthe Ave**
83
84 City: **Panama City** FL 85 Zip Code: **32404**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Bobbie Sandridge* **BOBBIE SANDRIDGE** APRIL 27, 1995

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	BROWN, BEULAH
STREET ADDRESS	7839 CLUSTER RD.
CITY, ST, ZIP	PANAMA CITY FL
TITLE	S
NAME	GARY, GEORGE
STREET ADDRESS	2778-B DELTA AVE
CITY, ST, ZIP	PANAMA CITY FL
TITLE	D
NAME	PHILLIPS, ELANOR
STREET ADDRESS	3508 LANE RD.
CITY, ST, ZIP	PANAMA CITY FL
TITLE	D
NAME	GIERSCH, HAROLD L.
STREET ADDRESS	2325 HWY 231
CITY, ST, ZIP	PANAMA CITY FL
TITLE	D
NAME	WAHLSTROM, DALE
STREET ADDRESS	132 PARKER VILLAGE CIR
CITY, ST, ZIP	PARKER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	T BOBBIE SANDRIDGE
13 STREET ADDRESS	309 S. BERTHE AVE.
14 CITY, ST, ZIP	PANAMA CITY, FLORIDA 32404
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bobbie Sandridge* **BOBBIE SANDRIDGE, TREASURER** 904-874-1253