

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744094 (4)
1. Corporation Name

PARKWAY CHURCH OF THE NAZARENE, INC.



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

3. Date Incorporated or Qualified: 08/29/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6543226	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SANDRIDGE, BOBBIE
309 S. BERTHE AVE.
PANAMA CITY FL 32404

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: *Bobbie Sandridge* (NOTE: Registered Agent signature required when reinstating)
DATE: April 15, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T SANDRIDGE, BOBBIE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRIDGE, BOBBIE	12 NAME	
STREET ADDRESS	309 S. BERTHE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	
TITLE	S GARY, GEORGE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY, GEORGE	22 NAME	
STREET ADDRESS	2778-B DELTA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	
TITLE	D PHILLIPS, ELANOR	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ELANOR	32 NAME	
STREET ADDRESS	3508 LANE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	
TITLE	D GIERSCH, HAROLD L.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIERSCH, HAROLD L.	42 NAME	
STREET ADDRESS	2325 HWY 231	43 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	
TITLE	D WAHLSTROM, DALE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHLSTROM, DALE	52 NAME	
STREET ADDRESS	132 PARKER VILLAGE CIR	53 STREET ADDRESS	
CITY-ST-ZIP	PARKER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(k), 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 617, 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* May 6, 1996 904-769-1258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)