

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$303)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 9:23

DOCUMENT # 700540 (8)
1. Corporation Name
PARKWAY BAPTIST CHURCH INC

Principal Place of Business Mailing Address
18000 NW 18TH AVE OPA LOCKA FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/29/1960	3a. Date of Last Report 04/11/1994
4. FEI Number 59-6045351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign 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"/>	FILING FEE IS \$61.25
8. This corporation has liability for interstate tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
LLOYD, LEWIS
1935 N W 191 TERRACE
MIAMI, FL
33056

10. Name and Address of New Registered Agent

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

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 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) *(NOTE: Registered Agent signature required when re-registering)* *(DATE)*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BROWN, ANTHONY	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4984 RAMONA STREET	12 NAME	
STREET ADDRESS	MIRAMAR FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE D	LLOYD, LEWIS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1935 N W 191 TERR	22 NAME	
STREET ADDRESS	MIAMI, FL 00000	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE D	PLUMMER, BYRON	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7220 CORAL BLVD.	32 NAME	OFFICER/D Address only
STREET ADDRESS	MIRAMAR FL	33 STREET ADDRESS	PLUMMER, BYRON
CITY - ST - ZIP		34 CITY - ST - ZIP	1320 N.W. 195 AVE
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		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	

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 110.07(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 or 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: **LLOYD LEWIS** *Lloyd Lewis* **6-9-95** **305-621-8491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (3/95)