

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90008 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700540**  
 1. Corporation Name  
**PARKWAY BAPTIST CHURCH INC**

Principal Place of Business PARKWAY BAPTIST CHURCH MIAMI FL 33056 US	Mailing Address 18000 NW 18TH AVE OPALOCKA FL 33056 US
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2. Principal Place of Business 21 n/a	2a. Mailing Address 26 n/a	3. Date Incorporated or Qualified 02/29/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>NOT APPLICABLE</b> Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> n/a <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> n/a <b>\$5.00</b> May Be Added to Fees

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  
**BROWN, ANTHONY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**21355 N.W. 9th Ct.**

83  
**APT. 106**

84 City  
**MIAMI** FL 85 Zip Code  
**33169**

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 *[Signature]* **ANTHONY BROWN** DATE **4-8-99**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, ANTHONY</b>
STREET ADDRESS	<b>7900 MERIDAN ST</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LLOYD, LEWIS</b>
STREET ADDRESS	<b>1935 N W 191 TERR</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PLUMMER, BYRON</b>
STREET ADDRESS	<b>1320 NW 185 AVE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>21355 N.W. 9th COURT</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL. 33169</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **ANTHONY BROWN** DATE **4-8-99** Daytime Phone # **305-654-4498**

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

1895940

CR2F037 (11/98)