

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 700540**

1. Entity Name

**PARKWAY BAPTIST CHURCH INC**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90805 041 \*\*\*\*61.25

Principal Place of Business

**PARKWAY BAPTIST CHURCH  
 MIAMI FL 33056  
 US**

Mailing Address

**18000 NW 18TH AVE  
 OPALOCKA FL 33056-3810  
 US**

2. Principal Place of Business

*n/a*

3. Mailing Address

*n/a*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

*n/a*

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, ANTHONY  
 21355 NW 9 CT  
 MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **PLUMMER, BYRON**

Street Address (P.O. Box Number is Not Acceptable)

**1320 N.W 185 AVE**

City **PEMBROKE PINES**

**FL**

Zip Code **33029**

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.

SIGNATURE: *[Signature]*

**BYRON PLUMMER**

**03-20-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

*n/a*

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete  
 NAME **D BROWN, ANTHONY**  
 STREET ADDRESS **21355 NW 9 CT**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Delete  
 NAME **D LLOYD, LEWIS**  
 STREET ADDRESS **1935 N W 191 TERR**  
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE  Delete  
 NAME **D PLUMMER, BYRON**  
 STREET ADDRESS **1320 NW 185 AVE**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: *[Signature]*

**BYRON PLUMMER 03-20-00 954-431-7105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)