

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90042 037 \*\*\*\*61.25

0035363

**DOCUMENT # 700540**  
 1. Entity Name  
**PARKWAY BAPTIST CHURCH INC**

Principal Place of Business <b>PARKWAY BAPTIST CHURCH MIAMI FL 33056 US</b>	Mailing Address <b>18000 NW 18TH AVE OPALOCKA FL 33056 US</b>
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**715514**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>n/a</i>	3. Mailing Address <i>n/a</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**PLUMMER, BYRON  
 1320 NW 185 AVE  
 HOLLYWOOD FL 33029**

7. Name and Address of New Registered Agent  
 Name **LLOYD Lewis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1935 N.W. 191 TERRACE**  
 City **MIAMI** FL Zip Code **33056**

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 *Lloyd Lewis* **LLOYD LEWIS** DATE **02-07-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME D BROWN, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS 21355 NW 9 CT	
CITY-ST-ZIP MIAMI FL 33169	
TITLE NAME D LLOYD, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS 1935 N W 191 TERR	
CITY-ST-ZIP MIAMI, FL 00000	
TITLE NAME D PLUMMER, BYRON	<input type="checkbox"/> Delete
STREET ADDRESS 1320 NW 185 AVE	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17406 S.W. 33 Crt.	
CITY-ST-ZIP MIRAMAR FL. 33029	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lloyd Lewis* **LLOYD LEWIS** DATE **02-07-01** DAYTIME PHONE # **305-624-4602**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)