# 2006 NOT-FÖR-PROFIT CORPORATION

### **ANNUAL REPORT**

**DOCUMENT # 700540** 

1. Entity 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

# **FILED** Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90241 044 \*\*\*\*61.25



01112006 No Chg-NP

CR2E037 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEWIS, LLOYD 1935 NW 191ST TERR MIAMI, FL 33056

#### DO NOT WRITE IN THIS SPACE

<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>						
SIGNATURE.	SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent algebure required when remitting) DATE					
	Filing Fee Is \$61.25 Due by May 1, 2006		ampaign Financing Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS A	AND DIRECTORS		, .	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANTHONY 6170 NW 173 ST #417 MIAMI, FL 33015	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, LEWIS 1935 N W 191 TERR MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, BYRON 1320 NW 185 AVE PEMBROKE PINES, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP					;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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 607. 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: <u>上/0り</u>

# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

PARKWAY BAPTIST CHURCH INC 18000 NW 18TH AVE OPALOCKA, FL 33056 US

Subject: PARKWAY BAPTIST CHURCH INC

700540

Reference Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh ANNUAL REPORTS SECTION

### ATTACHMENT



### 40038731 **Division of Corporations**

#### 2006 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

700540

PARKWAY BAPTIST CHURCH INC **Business Entity Name** 

Original File Date

02/29/1960

FEI Number

Not Applicable

Principal Address PARKWAY BAPTIST CHURCH

MIAMI, FL 33056 US

Mailing Address

18000 NW 18TH AVE OPALOCKA, FL 33056 US

Registered Agent LLOYD LEWIS

1935 NW 191ST TERR **MIAMI, FL 33056** 

#### Officer/Director Name And Address

D

ANTHONY BROWN 6170 NW 173 ST #417 MIAMI, FL 33015

D

LLOYD, LEWIS 1935 N W 191 TERR MIAMI, FL

**BYRON PLUMMER** 1320 NW 185 AVE PEMBROKE PINES, FL

If all of the above information is correct and you do not wish to make any If you need to make changes to the above information, please select:

ATTACHMENT 40038731 3/13/06 Please note check that was sent on 2/21/06 by certified mail. # 33213 am sending another chec BALANCE DEDUCTIBLE \* 33243 amount \$61.25 TO Houda Separtment Sortense Lewis ocument # 170540 Church Clerk TAX DEDUCTIBLE BALANCE

# ATTACHMENT

40038731

Serviceral MAILLIA R WAILLIA R W. No Insurant ion visit our went ion v	CEIPT Coverage Provided) at www.usps.com,	FINAL STATES	02/21/2006	6 98 G 32 3 14 See Reverse for Instructions
S. Postal S ERTIFIE  Comestic Mail O  r delivery informa  Contiled Fee	Servicera  MAILra RE( nly; No Insurance of the state our website	\$ 10,62 \$2,40 \$0.00		Asser !
End of Page 1	U.S. Postal S CERTIFIED (Domestic Mail O For delivery informs	Postage Cartifled Fee Return Recalit Fee (Endoresment Required)	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Sent To DIVISION Street Act No. P. C. City, State, 2144 Tal. W. PS Form 3800, June 2002

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