

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **702126** (4)  
1. Corporation Name  
**PARKWAY BAPTIST CHURCH OF FORT LAUDERDALE, INC.**



Principal Place of Business Mailing Address  
**LAUDERDALE INC**  
1101 S.W. 49TH AVE.  
PLANTATION FL 33317

3. Date Incorporated or Qualified **05/09/1960** 3a. Date of Last Report **03/07/1995**  
4. FEI Number **59-1005731** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**DUNN, TOM**  
3050 S.W. 117TH AVE.  
DAVIE FL 33314

10. Name and Address of New Registered Agent  
81 Name  
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: *Tom Dunn* (NOTE: Registered Agent signature required when reinstating) DATE: **1/21/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DUNN, TOM (CHMN)</b>
STREET ADDRESS	<b>3050 SW 117TH AVE.</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NEWSOM, JOHN</b>
STREET ADDRESS	<b>11110 NW 26TH DRIVE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FARMER, ROBBIE</b>
STREET ADDRESS	<b>6691 N.W. 9TH ST.</b>
CITY - ST - ZIP	<b>PLANTATION FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NEWSOM, SHERRY</b>
STREET ADDRESS	<b>11110 NW 26TH DRIVE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, VIRGINIA</b>
STREET ADDRESS	<b>1432 SW 48TH AVENUE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>TREASURER</b>
43 STREET ADDRESS	<b>DOROTHY L. SOST</b>
44 CITY - ST - ZIP	<b>17020 SW 48ST</b>
	<b>FT LAUD FL 33331</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>SECRETARY</b>
53 STREET ADDRESS	<b>ISABEL Mueller</b>
54 CITY - ST - ZIP	<b>1148 SW 49 TERR</b>
	<b>PLANTATION FL 33317</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 119.07(3)(k), 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.

SIGNATURE: *Tom Dunn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **1/21/96** Day/Time Phone #

CR2E037 (12/95)