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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702126

1. Corporation Name
PARKWAY BAPTIST CHURCH OF FORT LAUDERDALE, INC.

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



| | | |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/09/1960 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 59-1005731 |
| City & State | City & State | Applied For Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 STURMAN Bill |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 1109 S.W. 20th ST. |
| 84 City FORT LAUDERDALE |
| 85 State FL |
| 86 Zip Code 33315 |

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: Bill Sturman DATE: 3/21/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| D | <input type="checkbox"/> DELETE HARRISON, JAMES 100 N.E. 16 ST FT LAUDERDALE FL 33305 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P | <input type="checkbox"/> DELETE THOMAS, BILL 1432 S.W. 48 AVE FT LAUDERDALE FL 33317 | 1.2 NAME | |
| D | <input type="checkbox"/> DELETE FARMER, ROBBIE 6691 N.W. 9TH ST. PLANTATION FL | 1.3 STREET ADDRESS | |
| D | <input type="checkbox"/> DELETE STURMAN, BILL 1109 S.W. 20TH ST FT LAUDERDALE FL 33315 | 1.4 CITY-ST-ZIP | |
| T | <input type="checkbox"/> DELETE CAPPS, NORMA 4821 S.W. 10 ST PLANTATION FL 33317 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | <input checked="" type="checkbox"/> DELETE HILL, BILL 5409 N.E. 2 TERR FT LAUDERDALE FL 33334 | 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 | |

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: Bill Sturman DATE: 3/21/99 DAYTIME PHONE: 954 270-8316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)