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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:47

DOCUMENT # 709728 (0)

1. Corporation Name
PARKWAY UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
100 N.E. 44TH ST. POMPANO BEACH FL 33064	100 N.E. 44TH ST. POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1965
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1312888 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARDESTY, JUNE
126 WOODLANDS LANE
DEERFIELD FL 33442

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARDESTY, JUNE 1	12 NAME	
STREET ADDRESS	126 DEERCREEK WOODLANDS LN	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	SCHILKE, RAY	22 NAME	
STREET ADDRESS	4280 NE 48TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WILTSHIRE, POLLY	32 NAME	
STREET ADDRESS	23 SW 13TH CT.	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☑ Change ☐ Addition
NAME	GILLINGHAM, RUTH	42 NAME	D GILLINGHAM, RUTH
STREET ADDRESS	1640 NW 49TH CT.	43 STREET ADDRESS	1640 N.W 49th COURT
CITY-ST-ZIP	POMPANO BEACH FL 33064	44 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	D	51 TITLE	☐ Change ☑ Addition
NAME	SPURGAT, JOSEPH	52 NAME	T SUTORIUS, RONALD
STREET ADDRESS	1400 NE 41ST ST.	53 STREET ADDRESS	117 NE 5 lot COURT
CITY-ST-ZIP	POMPANO BEACH FL	54 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: June Hardesty JUNE HARDESTY 3/15/95 305-421-8706
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone Number
REGISTERED AGENT

0040058