

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified

**10/07/1965**

3a. Date of Last Report

**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDESTY, JUNE  
126 WOODLANDS LANE  
DEERFIELD FL 33442**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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 33442**

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **~~VPD~~ SCHILKE, RAY DOROTHY**

22 NAME

STREET ADDRESS **4280 NE 48TH ST.**

23 STREET ADDRESS

CITY - ST - ZIP **POMPANO BEACH 33064**

24 CITY - ST - ZIP

TITLE ☒ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **~~SD~~ WILSHIRE, POLLY**

32 NAME

STREET ADDRESS **~~20 SW 15TH CT.~~**

33 STREET ADDRESS

CITY - ST - ZIP **~~DEERFIELD BEACH FL~~**

34 CITY - ST - ZIP

TITLE ☒ DELETE

41 TITLE ☐ Change ☐ Addition

NAME **~~D~~ GILLINGHAM, RUTH**

42 NAME

STREET ADDRESS **1640 NW 49TH CT.**

43 STREET ADDRESS

CITY - ST - ZIP **POMPANO BEACH FL**

44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME **T SUTORIUS, RONALD**

52 NAME

STREET ADDRESS **117 NE 51 CT**

53 STREET ADDRESS

CITY - ST - ZIP **POMPANO BEACH FL 33064**

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME **~~VPD~~ 1 TIMES, MONIA**

62 NAME

STREET ADDRESS **206 N.E. 49 ST**

63 STREET ADDRESS

CITY - ST - ZIP **POMPANO BEACH FL 33064**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)