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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709728 (0)

1. Corporation Name

PARKWAY UNITED METHODIST CHURCH, INC.

Principal Place of Business

100 N.E. 44TH ST.
POMPANO BEACH FL 33064

Mailing Address

100 N.E. 44TH ST.
POMPANO BEACH FL 33064-34433. Date Incorporated or Qualified
10/07/19653a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1312888

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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

HOCZYK, SARAH

82 Street Address (P.O. Box Number is Not Acceptable)

3730 NE 13 Avenue

83

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HARDESTY, JUNE 1
STREET ADDRESS 126 DEERCREEK WOODLANDS LN
CITY-ST-ZIP DEERFIELD BEACH FL1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME HOCZYK, SARAH
1.3 STREET ADDRESS 3730 NE 13 AVE
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33064TITLE D ☒ DELETE
NAME SCHILKE, DOROTHY
STREET ADDRESS 4280 NE 48TH ST.
CITY-ST-ZIP POMPANO BEACH2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME VALENTINE, JEAN
2.3 STREET ADDRESS 308 SE TENTH STREET
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442TITLE VPD ☐ DELETE
NAME HIMES, MONTA
STREET ADDRESS 206 NE 49 STREET
CITY-ST-ZIP DEERFIELD BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME SUTORIUS, RONALD
STREET ADDRESS 117 NE 51 CT
CITY-ST-ZIP POMPANO BEACH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021983

CR2E037 (9/96)