FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 738331** 1. Entity Name PARKWAY BAPTIST CHURCH OF ORLANDO, INC. 04-30-2001 90408 031 ****61.25 Principal Place of Business Mailing Address 9000 LAKE UNDERHILL RD. 9000 LAKE UNDERHILL RD. ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 59-1734375 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SOLOMON, VERNON 100 KASEY DRIVE ORLANDO FL 32807 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **TPTR** TITLE ☐ Delete TITI F ☐ Change ☐ Addition SOLOMON, VERNON NAME NAME STREET ADDRESS 100 KASEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ORLANDO FL **VSTR** TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNISLEY, EUGENE L. NAME NAME STREET ADDRESS 7031 MODERNA WAY STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP TR TITLE ☐ Delete TITLE Change Addition HASS, BILL NAME STREET ADDRESS 714 POND PINE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TR TITLE ☐ Delete Change Addition KUGLER, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 1095 MELLER WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE Change ☐ Addition SHARP, ROGER NAME STREET ADDRESS 2721 HARGILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE ☐ Change ☐ Addition STRICKLAND, DANIEL E. NAME STREET ADDRESS 840 PINE MEADOWS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #