

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744094** (4)

1. Corporation Name

**PARKWAY CHURCH OF THE NAZARENE, INC.**



Principal Place of Business	Mailing Address
162 N. TYNDALL PKWY PANAMA CITY FL 32404	162 N. TYNDALL PKWY PANAMA CITY FL 32404-6451

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>08/29/1978</b>	3a. Date of Last Report <b>05/14/1996</b>
4. FEI Number <b>59-6543226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDRIDGE, BOBBIE**  
**309 S. BERTHE AVE.**  
**PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Bobbie Sandridge* **Bobbie Sandridge Treasurer** **4-13-97**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDRIDGE, BOBBIE</b>	
STREET ADDRESS	<b>309 S. BERTHE AVE.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GARY, GEORGE</b>	
STREET ADDRESS	<b>2778-B DELTA AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, ELANOR</b>	
STREET ADDRESS	<b>3508 LANE RD.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>QIERSCH, HAROLD L.</b>	
STREET ADDRESS	<b>2325 HWY 231</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAHLSTROM, DALE</b>	
STREET ADDRESS	<b>132 PARKER VILLAGE CIR</b>	
CITY-ST-ZIP	<b>PARKER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D RINCON, TOREY</b>
5.3 STREET ADDRESS	<b>P.O. BOX 15093</b>
5.4 CITY-ST-ZIP	<b>6231 E. Bus. Hwy. 98</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PANAMA CITY FL</b>
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.

CR2E037 (9/96)