

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747774 (8)
1. Corporation Name
PARKWAY BAPTIST CHURCH OF PANAMA CITY, INC.



Principal Place of Business: **3323 EAST 15TH STREET PANAMA CITY FL 32406**
Mailing Address: **3323 EAST 15TH STREET PANAMA CITY FL 32405**

3. Date Incorporated or Qualified: **06/22/1979**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-2429978**
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

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

9. Name and Address of Current Registered Agent
MCCAULEY, CAROLL L.
36 OAK AVENUE
PANAMA CITY FL 32401

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MORRIS, I.S. <input checked="" type="checkbox"/> DELETE 7307 GRASSY POINT RD PANAMA CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DAVIS, H. R. <input type="checkbox"/> DELETE 2508 W 26TH ST PANAMA CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SKIPPER, FLYNN <input type="checkbox"/> DELETE 8035 HIGH PT RD. PANAMA CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AVERY, WILBUR <input type="checkbox"/> DELETE 8127 HIGHPOINT RD PANAMA CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ODOM, WILLIAM <input type="checkbox"/> DELETE 502 E PINE FORREST RD. PANAMA CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT Wilbur Avery <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8127 Highpoint Road Panama City, Florida 32404
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST Fred Campbell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 808 Nottingham Drive Panama City, Florida 32401
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: H. R. Davis February 1, 1996 (904) 763-4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
H. R. Davis Treasurer/Trustee

CR2E037 (12/95)