

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.

FILED
98 MAY 29 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified: 06/22/1979

4. FEI Number: 59-2429978
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAULEY, CAROLL L.
38 OAK AVENUE
PANAMA CITY FL 32401

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

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	PT	NAME	AVERY, WILBUR	STREET ADDRESS	8127 HIGHPOINT ROAD	CITY-ST-ZIP	PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE	TT	NAME	DAVIS, H. R.	STREET ADDRESS	2508 W 28TH ST	CITY-ST-ZIP	PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE	VT	NAME	SKIPPER, FLYNN	STREET ADDRESS	8035 HIGH PT RD.	CITY-ST-ZIP	PANAMA CITY FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	AVERY, WILBUR	STREET ADDRESS	8127 HIGHPOINT RD	CITY-ST-ZIP	PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE	T	NAME	ODOM, WILLIAM	STREET ADDRESS	502 E PINE FORREST RD.	CITY-ST-ZIP	PANAMA CITY FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	CAMPBELL, FRED	STREET ADDRESS	808 NOTTINGHAM DRIVE	CITY-ST-ZIP	PANAMA CITY FL 32401	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	1.2 NAME	SKIPPER, FLYNN	1.3 STREET ADDRESS	8035 HIGHPOINT ROAD	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TT	2.2 NAME	SANCHEZ, MANUEL	2.3 STREET ADDRESS	610 BERTHE AVENUE	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	900002548529-003	3.4 CITY-ST-ZIP	-06/05/98--01049--003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	ST	4.2 NAME	CAIN, JOSEPH	4.3 STREET ADDRESS	3227 E. GAME FARM ROAD	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	<input checked="" 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 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. 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: Flynn Skipper Flynn Skipper May 20, 1998 763-4682

CR2E037 (10/97)