

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747774

1. Corporation Name
PARKWAY BAPTIST CHURCH OF PANAMA CITY, INC.

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

Mailing Address
3323 EAST 15TH STREET
PANAMA CITY FL 32405



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2429978	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCAULEY, CAROLL L. 36 OAK AVENUE PANAMA CITY FL 32401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT SKIPPER, FLYNN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8035 HIGHPOINT ROAD	1.2 NAME	
STREET ADDRESS	PANAMA CITY FL 32404	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TT SANCHEZ, MANUEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	610 BERTHE AVENUE	2.2 NAME	
STREET ADDRESS	PANAMA CITY FL 32404	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VT SKIPPER, FLYNN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8035 HIGH PT RD.	3.2 NAME	
STREET ADDRESS	PANAMA CITY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST CAIN, JOSEPH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3227 E. GAME FARM ROAD	4.2 NAME	
STREET ADDRESS	PANAMA CITY FL 32405	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T ODOM, WILLIAM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	502 E PINE FORREST RD.	5.2 NAME	
STREET ADDRESS	PANAMA CITY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; 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, with all other like empowered.

SIGNATURE: M. Odom DATE: Jan 28, 1999 DAYTIME PHONE #: (850) 763-4682

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