2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State **DOCUMENT # 747774** 1. Entity Name PARKWAY BAPTIST CHURCH OF PANAMA CITY, INC. 02-17-2002 90091 009 ****61.25 Principal Place of Business ... Mailing Address 3323 EAST 15TH STREET - -- 3323 EAST-15TH STREET PANAMA, CITY FL 32405 PANAMA CITY FL 32405 14. 6 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2429978 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCCAULEY, CAROLL L. **36 OAK AVENUE** PANAMA CITY FL 32401 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE ☐ Change BOOTH, KEITH NAME NAME STREET ADDRESS 619 S BERTHE AVENUE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GLASS, BUDDY E NAME NAME STREET ADDRESS STREET ADDRESS **812 NOTTINGHAM DRIVE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 TITLE TR ☐ Delete TITLE ☐ Change Addition ALLIGOOD, JIM NAME NAME STREET ADDRESS STREET ADDRESS **5006 HOLLY AVENUE** CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BRACE, ALLEN NAME STREET ADDRESS STREET ADDRESS 307 LIDDON CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ODOM, WILLIAM NAME STREET ADDRESS STREET ADDRESS **502 E PINE FORREST RD.** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change ☐ Addition TITI F TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

FILED