

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 751604

1. Entity Name
PARKER MEMORIAL BAPTIST CHURCH, INC.



Principal Place of Business

**4101 MOBILE AVENUE
COCOA, FL 32926**

Mailing Address

**4101 MOBILE AVENUE
COCOA, FL 32926**



03212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHATMAN, MELVIN
981 NICKLAUS DRIVE
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Melvin Chatman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000694527
04/17/07-80023-010 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHATMAN, MELVIN
4101 MOBILE AVENUE
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GRAHAM, ETHEL
4101 MOBILE AVENUE
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HENRY, ERNEST
4101 MOBILE AVENUE
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCFADDEN, ANTHONY
4101 MOBILE AVENUE
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAMILTON, ROBERT JR
4101 MOBILE AVENUE
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FS
HENRY, LORRAINE SIS
4101 MOBILE AVE
COCOA, FL 32926**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Melvin Chatman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07 321-632-8048

Date

Daytime Phone #