


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
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FILED
Aug 25, 2008 08:00 AM
Secretary of State



08092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHATMAN, MELVIN 981 NICKLAUS DRIVE ROCKLEDGE, FL 32955

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

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

U00000958256
08/25/08-80001-016 70.00

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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 X n/j CD-A 4/18/08 321 632-8048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #