

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755115** (3)

1. Corporation Name

PARKER ROAD BAPTIST CHURCH, INC.



400001774494
-04/09/96--01129--020

Principal Place of Business: **3200 SW 122ND STREET GAINESVILLE FL 32607**
Mailing Address: **3200 SW 122ND STREET GAINESVILLE FL 32607**

3. Date Incorporated or Qualified: **11/13/1980**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **59-1883950**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

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

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, DANIEL R.
1322 SW 122ND ST.
GAINESVILLE FL 32607**

81 Name: **Bob Reynolds**
82 Street Address (P.O. Box Number is Not Acceptable): **12128 SW 5th Ave.**
83
84 City: **Gainesville** FL 85 Zip Code: **32607**

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: *Robert Reynolds*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/18/96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MICHAEL	
STREET ADDRESS	863 VICTORIA CT	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, JUANITA	
STREET ADDRESS	3010 SW 122ND STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOSKINS, THOMAS SR.	
STREET ADDRESS	324 S.W. 122ND STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, ROGER	
STREET ADDRESS	RT 3 BOX 98	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COLEMAN, EVELYN	
STREET ADDRESS	426 NW 25TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Trustees	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gene Gay	
1.3 STREET ADDRESS	16033 SW 15th Ave.	
1.4 CITY-ST-ZIP	Newberry, Fla. 32669	
2.1 TITLE	Secretary, Trustees	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dennis Hipsley	
2.3 STREET ADDRESS	2601 NW 23rd Blvd., Apt. 202	
2.4 CITY-ST-ZIP	Gainesville, Fla. 32605	
3.1 TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hoskins, Thomas Sr.	
3.3 STREET ADDRESS	324 SW 122nd St.	
3.4 CITY-ST-ZIP	Gainesville, Fla. 32607	
4.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Pendley	
4.3 STREET ADDRESS	4321 SW 24th Ave.	
4.4 CITY-ST-ZIP	Gainesville, Fla. 32607	
5.1 TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Juanita Parker	
5.3 STREET ADDRESS	3010 SW 122nd St.	
5.4 CITY-ST-ZIP	Gainesville, Fla. 32607	
6.1 TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Evelyn Coleman	
6.3 STREET ADDRESS	425 NW 25th St.	
6.4 CITY-ST-ZIP	Gainesville, Fla. 32605	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Gene Gay* **Gene Gay** DATE: **2/18/96** DAYTIME PHONE: **(352) 332-4991**

CR2E037 (12/95)