

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # 755115 (3)
1. Corporation Name
PARKER ROAD BAPTIST CHURCH, INC.



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|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business 3200 SW 122ND STREET GAINESVILLE FL 32607 | Mailing Address 3200 SW 122ND STREET GAINESVILLE FL 32607-1018 |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

| | | | |
|--------------------------------------|---------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/13/1980 | 3a. Date of Last Report 04/05/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1883950 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--------------------------------------------------------------------|--|-------------------------------------------------------|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| REYNOLDS, BOB 12128 SW 5TH AVE GAINESVILLE FL 32607 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

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 | |
|----------------------------|------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PT GAY, GENE |
| STREET ADDRESS | 16033 SW 15TH AVE |
| CITY-ST-ZIP | NEWBERRY FL 32669 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | ST HIPSLEY, DENNIS |
| STREET ADDRESS | 2801 NW 23RD BLVD., APT 202 |
| CITY-ST-ZIP | GAINESVILLE FL 32605 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T HOSKINS, THOMAS SR |
| STREET ADDRESS | 324 SW 122ND ST. |
| CITY-ST-ZIP | GAINESVILLE FL 32607 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T PENDLEY, BILL |
| STREET ADDRESS | 4321 SW 24TH AVE |
| CITY-ST-ZIP | GAINESVILLE FL 32607 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T PARKER, JUANITA |
| STREET ADDRESS | 3010 SW 122ND ST. |
| CITY-ST-ZIP | GAINESVILLE FL 32607 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T COLEMAN, EVELYN |
| STREET ADDRESS | 425 NW 25TH ST. |
| CITY-ST-ZIP | GAINESVILLE FL 32605 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Sandra B. Mortham* *Blair Ann Trustee 2/4/97 352-332-4991*

CR2E037 (9/96)