

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755115 (3)**

1. Corporation Name  
**PARKER ROAD BAPTIST CHURCH, INC.**



Principal Place of Business <b>3200 SW 122ND STREET GAINESVILLE FL 32607</b>	Mailing Address <b>3200 SW 122ND STREET GAINESVILLE FL 32607</b>
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3. Date Incorporated or Qualified <b>11/13/1980</b>
4. FEI Number <b>59-1883950</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**REYNOLDS, BOB  
12128 SW 5TH AVE  
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PT	<input type="checkbox"/> DELETE
NAME	GAY, GENE	
STREET ADDRESS	16033 SW 15TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HIPSLEY, DENNIS	
STREET ADDRESS	2601 NW 23RD BLVD., APT 202	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOSKINS, THOMAS SR	
STREET ADDRESS	324 SW 122ND ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PENDLEY, BILL	
STREET ADDRESS	4321 SW 24TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARKER, JUANITA	
STREET ADDRESS	3010 SW 122ND ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	T	<input type="checkbox"/> DELETE
NAME	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 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98 352-332-4991

CR2E037 (10/97)