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Mar 08, 1999 8:00 am
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03-08-1999 90050 034 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755115

1. Corporation Name
PARKER ROAD BAPTIST CHURCH, INC.

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

Mailing Address
**3200 SW 122ND STREET
 GAINESVILLE FL 32607**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1883950	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, GENE		1.2 NAME		
STREET ADDRESS	16033 SW 15TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL 32669		1.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIPSLEY, DENNIS		2.2 NAME		
STREET ADDRESS	2601 NW 23RD BLVD., APT 202		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Dan Alderman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKINS, THOMAS SR		3.2 NAME	11423 NW 110th Terr.	
STREET ADDRESS	324 SW 122ND ST.		3.3 STREET ADDRESS	Gainesville, Fla. 32606	
CITY-ST-ZIP	GAINESVILLE FL 32607		3.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Laura Reeves	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENDLEY, BILL		4.2 NAME	3434 NW 54th Ln.	
STREET ADDRESS	4321 SW 24TH AVE		4.3 STREET ADDRESS	Gainesville, Fla. 32653	
CITY-ST-ZIP	GAINESVILLE FL 32607		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	Ben Walker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, JUANITA		5.2 NAME	6951 NE 135th Terr.	
STREET ADDRESS	3010 SW 122ND ST.		5.3 STREET ADDRESS	Williston, Fla. 32696	
CITY-ST-ZIP	GAINESVILLE FL 32607		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, EVELYN		6.2 NAME		
STREET ADDRESS	425 NW 25TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/4/99 352-332-4991
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)