

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90029 041 \*\*\*\*61.25

**DOCUMENT # 755115**

1. Entity Name

**PARKER ROAD BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1883950**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>SIMPSON, DARWIN</b>	
STREET ADDRESS	<b>10808 NW 31 PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CALKINS, TOM</b>	
STREET ADDRESS	<b>6810 SE 60 ST</b>	
CITY-ST-ZIP	<b>TRENTON FL 32693</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GAY, GENE</b>	
STREET ADDRESS	<b>16033 SW 15 AV</b>	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JORDAN, JULIE</b>	
STREET ADDRESS	<b>RT 1 BOX 714</b>	
CITY-ST-ZIP	<b>FORT WHITE FL 32038</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FREEMAN, CYNTHIA</b>	
STREET ADDRESS	<b>7117 SW ARCHER RD 2442</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, EVELYN</b>	
STREET ADDRESS	<b>425 NW 25TH ST.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-332-4991**

CR2E037 (9/01)