


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90203 038 ****61.25

DOCUMENT # 755115			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01000010



MOORE CR2E037 (11/03)

4. FEI Number 59-1883950		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____


FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME CALKINS, TOM	<input checked="" type="checkbox"/> Delete	TITLE NAME Glen Storr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6810 SE 60 ST		STREET ADDRESS 4000 SW 47th St, Lot D2	
CITY-ST-ZIP TRENTON FL 32693		CITY-ST-ZIP Gainesville, FL 32608	
TITLE NAME GAY, GENE	<input checked="" type="checkbox"/> Delete	TITLE NAME Bob Reynolds	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 16033 SW 15 AV		STREET ADDRESS 12128 Sw 5th Ave	
CITY-ST-ZIP NEWBERRY FL 32669		CITY-ST-ZIP Gainesville, FL 32607	
TITLE NAME COLEMAN, EVELYN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 425 NW 25TH ST.		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		CITY-ST-ZIP	
TITLE NAME MARK, CECIL	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17805 SW 95TH AVE		STREET ADDRESS	
CITY-ST-ZIP ARCHER FL 32618		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **4/21/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #