


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STORR, GLENN 4000 SW 47TH ST., LOT D2 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, BOB 12128 SW 54 AVE. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, EVELYN 425 NW 25TH ST. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK, CECIL 17805 SW 95TH AVE ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/09/05-80033-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cecil Mark Trustee **2-8-05** 352-332-4991
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #