

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90446 042 ****61.25
755115

FILED

06 JUN 12 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	4. FEI Number 59-1883950	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY - ST - ZIP	T STORR, GLENN 4000 SW 47TH ST., LOT D2 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Reid, Mike 14013 NW Archer Lane Archer, Fla 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REYNOLDS, BOB 12128 SW 54 AVE. GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Reynolds, Maynell 12128 SW 5 AVE Gainesville, Fla 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLEMAN, EVELYN 425 NW 25TH ST. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARK, CECIL 17805 SW 95TH AVE ARCHER, FL 32618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center; font-size: 2em;"> <i>26/15</i> </div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Wallace M. Reid</i>				4-23-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



Parker Road Baptist Church
3200 SW 122nd Street
Gainesville, FL 32607
June 7, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: #755115

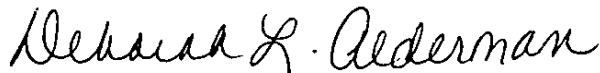
Dear Sir:

Per your letter dated May 18, 2006, listed below are each of our officers/directors and their title.

Glenn Storr, Trustee
Bob Reynolds, Registered Agent and Trustee
Evelyn Coleman, Trustee
Mike Reid, Trustee
Maynell Reynolds, Trustee

If any additional information is needed, please feel free to contact me. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Deborah L. Alderman". The signature is fluid and cursive, with the first name "Deborah" and last name "Alderman" clearly legible.

Deborah Alderman

Enclosure