## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # 755115  1. Entity Name PARKER ROAD BAPTIST CHURCH, INC.						90086 001 ****	61.25
Principal Place of Business 3200 SW 122ND STREET GAINESVILLE, FL 32607		Mailing Address 3200 SW 122ND STREET GAINESVILLE, FL 32607		1002	12000		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312007 CI	ng-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-188395	0	<b>├</b>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St		□ \$8.75 Ad	ditional
	6. Name and Address of Current	t Registered Agent		7. Name and Add	ress of New Re	Fee Require	<del></del>
REYNOLDS, BOB			Name				
12128 SW	5TH AVE		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
GAINESVI	ILLE, FL 32607			3520 NW 40th Terr			
			City	Juno Sville		FL Zip Coo	1e/206
8. The above	e named entity submits this statement for	or the purpose of changing its reg	stered office or req	gistered agent, or both, in	the State of Flor	ida. I am familiar with,	, and accept
the obligat	tions of registered agent.	//					
SIGNATURE	1 Wheat	lle				4-16-07	7
SIGNATURE	Signification, typed or finneed name of registered alpha		gustered Agent signature n	equired when reinstating)		4-16-07 DATE	<u> </u>
SIGNATURE	Signature, typed or firmed name of registered after Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be		DATE  DATE  DATE  DATE  DESCRIPTION OF STATES  DESCRIPTION OF STATES  DESCRIPTION OF STATES  DESCRIPTION OF STATES  DATE	to
10.	Due by May 1, 2007 OFFICERS AND D	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Flori	DATE ike check payable t	to State
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Will and a triped of printed house of signand of ficer on direction of the signand of the printed house of signand of the printed house of signand of ficer on direction of the signand of the printed house of signand of ficer on direction of the signand of the printed ficer of signand of ficer on direction of the signand of ficer of the signand of the signand