


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2007 90086 001 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

40072000



01312007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 REYNOLDS, BOB
 12128 SW 5TH AVE
 GAINESVILLE, FL 32607

4. FEI Number
 59-1883950

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name Bill Pendley
 Street Address (P.O. Box Number is Not Acceptable) 3520 NW 40th Terr
 City Gainesville FL Zip Code 32606

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 [Signature] DATE 4-16-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STORR, GLENN	
STREET ADDRESS	4000 SW 47TH ST., LOT D2	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, BOB	
STREET ADDRESS	12128 SW 54 AVE.	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLEMAN, EVELYN	
STREET ADDRESS	425 NW 25TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	REID, MIKE	
STREET ADDRESS	14013 SW ARCHER LANE	
CITY-ST-ZIP	ARCHER, FL 32615	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, MAYNELL	
STREET ADDRESS	12128 SW 5 AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Pendley	
STREET ADDRESS	3520 NW 40th Terr	
CITY-ST-ZIP	Gainesville Fla 32606	
TITLE	John Layelle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	517 NW 97th Terr	
STREET ADDRESS	Gainesville, Fla 32606	
CITY-ST-ZIP		
TITLE	Dan Alderman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1423 NW 118 Terr.	
STREET ADDRESS	Gainesville, Fla 32606	
CITY-ST-ZIP		
TITLE	Deborah Alderman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1423 NW 110 Terr	
STREET ADDRESS	Gainesville Fla 32606	
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 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: Deborah L Alderman Trustee Board DATE 4-16-07 352-332-4991

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