


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90035 004 \*\*\*\*61.25

<b>DOCUMENT # 755115</b>					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1883950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENDLEY, BILL 3520 NW 40TH TERRACE GAINESVILLE, FL 32606			Name <u>DAN ALDERMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1423 NW 110 Terr</u> City <u>Gainesville FL</u> <b>FL</b> Zip Code <u>32606</u>		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENDLEY, BILL		NAME	<u>Donna Bridwell</u>	
STREET ADDRESS	3520 NW 40 TERRACE		STREET ADDRESS	<u>10815 SW 89 Ct</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	<u>Gainesville, FL 32608</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVELLE, JOHN		NAME		
STREET ADDRESS	517 NW 97TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, EVELYN		NAME		
STREET ADDRESS	425 NW 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, MIKE		NAME	<u>Mike Reid</u>	
STREET ADDRESS	14013 SW ARCHER LANE		STREET ADDRESS	<u>14013 SW Archer Lane</u>	
CITY-ST-ZIP	ARCHER, FL 32615		CITY-ST-ZIP	<u>Archer Fla 32618</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, DAN		NAME		
STREET ADDRESS	1423 NW 110TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, DEBORAH		NAME		
STREET ADDRESS	1423 NW 110TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		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: <u>Dan Alderman</u>		Date: <u>4-2-08</u>		Daytime Phone #: <u>352-332-4991</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					