

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-16-2003 90048 034 ****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**

55052589

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1883950**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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 **FL** Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **PT SIMPSON, DARWIN** Delete
STREET ADDRESS **10808 NW 31 PL**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE NAME Change Addition

TITLE NAME **ST CALKINS, TOM** Delete
STREET ADDRESS **6810 SE 60 ST**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE NAME **Trustee** Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **GAY, GENE** Delete
STREET ADDRESS **16033 SW 15 AV**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE NAME **Trustee** Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **FREEMAN, CYNTHIA** Delete
STREET ADDRESS **7117 SW ARCHER RD 2442**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **COLEMAN, EVELYN** Delete
STREET ADDRESS **425 NW 25TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE NAME **Trustee** Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **Cecil Mark, Trustee** Change Addition
STREET ADDRESS **17805 SW 95th Ave.**
CITY-ST-ZIP **Archer, Fla 32618**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 917, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **352-332-4991**
Daytime Phone #

CR2E037 (4/03)