

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763991

FILED  
Apr 09, 2008  
Secretary of State

**Entity Name:** PARKVIEW BAPTIST CHURCH, INCORPORATED

**Current Principal Place of Business:**

268 NW LAKE JEFFERY RD.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

268 NW LAKE JEFFERY RD.  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-6014169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, DON  
942 SW DEKLE ROAD  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JANSON, RANDY  
Address: 144 NW PERKINS PLACE  
City-St-Zip: LAKE CITY, FL 32055 US

Title: VD ( ) Delete  
Name: WILLIAMS, DON  
Address: 942 SW DEKLE RD  
City-St-Zip: LAKE CITY, FL 32024 US

Title: SD ( ) Delete  
Name: FLANIGAN, JOHN  
Address: 529 SE LESLIE WOOD LN  
City-St-Zip: LULU, FL 32001 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, DON  
Address: 942 SW DEKLE RD  
City-St-Zip: LAKE CITY, FL 32024 US

Title: VD (X) Change ( ) Addition  
Name: FLANAGAN, JOHN  
Address: 529 SE LESLIE WOOD LN  
City-St-Zip: LULU, FL 32061 US

Title: SD (X) Change ( ) Addition  
Name: MARKHAM, HARLAN  
Address: 161 NE LAGUNA DR  
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON WILLIAMS

PD

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date