

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

DOCUMENT # N04000003793



1. Entity Name
PARK MINISTRIES, INC.

Principal Place of Business
313 ALPINE DR
WINTER HAVEN, FL 33881

Mailing Address
313 ALPINE DR
WINTER HAVEN, FL 33881

**FILED
Jan 24, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1201201	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, MELVIN REV.
313 ALPINE DR
WINTER HAVEN, FL 33881

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAXWELL, MELVIN
STREET ADDRESS 313 ALPINE DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE S
NAME ELDRED, SALLY
STREET ADDRESS 464 SYCAMORE LN
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE T
NAME HARRISON, BARBARA
STREET ADDRESS 155 ZERMATT DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/29/08-80023-020 70.00

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IN THIS SPACE**

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 reporter 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: *Melvin Maxwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08

Date

Daytime Phone #