

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003793

Entity Name: PARK MINISTRIES, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

313 ALPINE DR
WINTER HAVEN, FL 33881

New Principal Place of Business:

MAXWELL BUILDING
244 AVE. D SW
WINTER HAVEN, FL 33880

Current Mailing Address:

313 ALPINE DR
WINTER HAVEN, FL 33881

New Mailing Address:

MAXWELL BUILDING
244 AVE. D SW
WINTER HAVEN, FL 33880

FEI Number: 20-1201201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAXWELL, MELVIN REV.
244 AVE. D SW
WINTER HAVEN, FL 338820819 US

Name and Address of New Registered Agent:

MAXWELL, MELVIN REV.
244 AVE. D SW
WINTER HAVEN, FL 33880 US

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: MELVIN MAXWELL

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXWELL, MELVIN
Address: 313 ALPINE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: ELDRED, SALLY
Address: 464 SYCAMORE LN
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: HARRISON, BARBARA
Address: 155 ZERMATT DR
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELVIN MAXWELL

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date