


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90163 017 ****70.00

DOCUMENT # N15769 1. Entity Name PARK WEST CORPORATION					
Principal Place of Business 1021 N NEW YORK AVE WINTER PARK, FL 32789 US				Mailing Address P.O. BOX 470 WINTER PARK, FL 32790 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2795623	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COWART, JR F O 420 CORNWALL RD WINTER PARK, FL 32792				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLEY, CARLTON E MR		NAME		
STREET ADDRESS	2923 SUMMERFIELD RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, FRANK		NAME	Baker, Frank	
STREET ADDRESS	650 NORTHWOOD CIRCLE		STREET ADDRESS	650 Northwood Circle	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELMER, KAY MRS		NAME		
STREET ADDRESS	436 CORNWALL RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELANEY, GEORGE MR		NAME		
STREET ADDRESS	2032 COLLIER DR		STREET ADDRESS		
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TWIDDY, DAVID MR		NAME		
STREET ADDRESS	6004 TWIN LAKES LN		STREET ADDRESS		
CITY-ST-ZIP	OVEDO, FL 327658514		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, DON MR		NAME		
STREET ADDRESS	707 THUNDER TR		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

ATTACHMENT
20655284



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ADDITIONAL TRUSTEES FOR FIRST BAPTIST CHURCH OF WINTER PARK, FL

D

Reed, Eula (Mrs.)
4658 Hall Rd.,
Orlando, FL 32817-1202

V/D

Young, Robert (Mr.)
1630 Chippewa Tr.
Maitland, FL 32751

D

Waldheim, Eddie (Dr.)
750 S. Lk. Sybelia Dr.
Maitland, FL 32751