

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90059 001 ****70.00

DOCUMENT # N28140

1. Entity Name
PARKVIEW BAPTIST CHURCH OF LAKELAND, INC.



Principal Place of Business
**509 PARKVIEW PL.
LAKELAND, FL 33805**

Mailing Address
**509 PARKVIEW PL.
LAKELAND, FL 33805**

40020450



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0863970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANG, ALBERT
1120 OAK HILL ST.
LAKELAND, FL 33815-444**

7. Name and Address of New Registered Agent

Name **Hopkins, James**
Street Address (P.O. Box Number is Not Acceptable)
919 Foxhall Street
Lakeland, Florida 33813
City **Lakeland,** **FL** Zip Code **33813**

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

James Hopkins

James Hopkins

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, 2007**

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LANG, ALBERT	
STREET ADDRESS	1120 OAK HILL ST	
CITY-ST-ZIP	LAKELAND, FL 33815444	
TITLE	MD	<input type="checkbox"/> Delete
NAME	NORRIS, LACY	
STREET ADDRESS	5012 LAKE MIRIAM CIR.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARKER, LEO	
STREET ADDRESS	1925 BANANA RD	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hopkins, James	
STREET ADDRESS	919 Foxhall Street	
CITY-ST-ZIP	Lakeland, Florida 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilbanks, W. W.	
STREET ADDRESS	218 W. Poinsettia St.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

James Hopkins

James Hopkins

863/644-2986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #