

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 005 ****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



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

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

7. Name and Address of New Registered Agent

HOPKINS, JAMES
919 FOXHALL STREET
LAKELAND FL 33813

Name

Felts, O. D.

Street Address (P.O. Box Number is Not Acceptable)

705 Tropical Way

City

Lakeland,

FL

Zip Code
33805

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

O. D. Felts

O. D. Felts, Chairman of Deacons

Signature, typed or printed name, of registered agent and title, if applicable

(NOTE: Registered Agent signature is required when registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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	☒ Delete
NAME	HOPKINS, JAMES	
STREET ADDRESS	919 FOWHALL STREET	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	MD	☐ Delete
NAME	NORRIS, LACY	
STREET ADDRESS	5012 LAKE MIRIAM CIR.	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	TD	☐ Delete
NAME	WILBANKS, W.W.	
STREET ADDRESS	218 W. POINSETTIA STREET	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	☒ Change ☐ Addition
NAME	Felts, O. D.	
STREET ADDRESS	705 Tropical Way	
CITY-ST-ZIP	Lakeland, FL 33805	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☒ Change ☐ Addition
NAME	Chaisson, Shawn	
STREET ADDRESS	1062 Osprey Way	
CITY-ST-ZIP	Lakeland, FL 33809	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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 Section 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:

O. D. Felts

O. D. Felts

863/682-6163