

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N28140

FILED
Oct 08, 2009
Secretary of State

Entity Name: PARKVIEW BAPTIST CHURCH OF LAKELAND, INC.

Current Principal Place of Business:

509 PARKVIEW PL.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

509 PARKVIEW PL.
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-0863970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FELTS, O.D.
705 TROPICAL WAY
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

CHAISSON, SHAWN
1026 OSPREY WAY
LAKELAND, FL 33809 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: SHAWN CHAISSON

10/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FELTS, O.D.
Address: 705 TROPICAL WAY
City-St-Zip: LAKELAND, FL 33805

Title: MD () Delete
Name: NORRIS, LACY
Address: 5012 LAKE MIRIAM CIR.
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: CHAISSON, SHAWN
Address: 1062 OSPREY WAY
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: AARON, MARMER
Address: 1001 CARPENTERS WAY, H109
City-St-Zip: LAKELAND, FL 33809

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: NORRIS LACY

MD

10/08/2009

Electronic Signature of Signing Officer or Director

Date