

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34129

1. Entity Name

PARKWAY CHURCH, INC.

Principal Place of Business

1478 N BLUE ANGLE PARKWAY
PENSACOLA FL 32506

Mailing Address

1478 N BLUE ANGLE PARKWAY
PENSACOLA FL 32506-6316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2970566

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLEY, PHYLLIS A.
5221 CROWSON ROAD
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete
NAME PIERCE, WAYNE H.
STREET ADDRESS 746 N. FAIRFIELD DR
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ Delete
NAME FOLEY, PHYLLIS A.
STREET ADDRESS 5221 CROWSON ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE D ☒ Delete
NAME PIERCE, RUFUS A.
STREET ADDRESS 746 N FAIRFIELD DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME PIERCE, WILHELMINA
STREET ADDRESS 746 N. FAIRFIELD DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME MASK, KAREN B.
STREET ADDRESS 708 N NEW WARRINGTON RD
CITY-ST-ZIP PENSACOLA FL 32506

TITLE P ☐ Delete
NAME FOLEY, MARION C
STREET ADDRESS 5221 CROWSON RD
CITY-ST-ZIP PENSACOLA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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:

W. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

(950) 457-9994

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE