

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90044 046 \*\*\*\*70.00

**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**

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

07172008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**FOLEY, PHYLLIS A.  
5221 CROWSON ROAD  
PENSACOLA, FL 32526**

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

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 September 12, 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	PVD	<input type="checkbox"/> Delete
NAME	PIERCE, WAYNE H.	
STREET ADDRESS	746 N. FAIRFIELD DR	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FOLEY, PHYLLIS A.	
STREET ADDRESS	5221 CROWSON ROAD	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, WILHELMINA	
STREET ADDRESS	746 N. FAIRFIELD DR	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASK, KAREN B.	
STREET ADDRESS	708 N NEW WARRINGTON RD	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOLEY, MARION C	
STREET ADDRESS	5221 CROWSON RD	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

*Wayne H. Pierce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 28, 2008*  
Date

*850-572-4022*  
Daytime Phone #