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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40666 (2)

1. Corporation Name

PARKWAY CHURCH OF CHRIST, INC.

Principal Place of Business

3001 SANTA BARBARA BLVD.
NAPLES FL 33999

Mailing Address

3001 SANTA BARBARA BLVD.
NAPLES FL 34116-7427



3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-2050521

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, KENNETH D.
GOODMAN & BREEN, P.A.
3033 RIVIERA DR., STE. 106-
NAPLES FL 33940

ANDREW R. MEULENBERG
3402 SANTIAGO WAY
NAPLES, FL 34105

81 Name ANDREW R. MEULENBERG
82 Street Address (P.O. Box Number is Not Acceptable)
3402 SANTIAGO WAY
83
84 City NAPLES, FL 85 Zip Code 34105

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Andrew R. Meulenberg, CPA.

March 20, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OS
NAME OSBORNE, TIM
STREET ADDRESS 444 GOLDEN GATE BLVD WEST
CITY-ST-ZIP NAPLES FL

1.1 TITLE OS
1.2 NAME OSBORNE, TIM
1.3 STREET ADDRESS 1065 FLORIAN AVENUE
1.4 CITY-ST-ZIP NAPLES, FL 34102

TITLE PD
NAME KISSELL, STEVE
STREET ADDRESS P.O. BOX 9898
CITY-ST-ZIP NAPLES FL

2.1 TITLE PD
2.2 NAME KISSELL, STEVE
2.3 STREET ADDRESS 5047 3RD AVENUE NORTH
2.4 CITY-ST-ZIP NAPLES, FL 33999

TITLE D
NAME OSBORNE, LARRY D.
STREET ADDRESS 5081 8TH AVE. SW
CITY-ST-ZIP NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME MEULENBERG, ANDREW R
STREET ADDRESS 3402 SANTIAGO WAY
CITY-ST-ZIP NAPLES FL

4.1 TITLE
4.2 NAME MEULENBERG, ANDREW R.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD
NAME GAMBLENET, DENNY
STREET ADDRESS 1732 45TH TERR SW
CITY-ST-ZIP NAPLES FL

5.1 TITLE VPD
5.2 NAME JERRY FALLIS FALLIS
5.3 STREET ADDRESS RR BOX 426
5.4 CITY-ST-ZIP IMMOKALEE, FL 33934 N/A

TITLE DS
NAME SHREEVE, RUSSELL
STREET ADDRESS 10148 TROPICAL DR
CITY-ST-ZIP BONITA SPRINGS FL

6.1 TITLE D
6.2 NAME OSBORNE, PHIL
6.3 STREET ADDRESS 5901 20TH AVENUE S.W.
6.4 CITY-ST-ZIP NAPLES, FL 34116

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

March 20, 1997

March 20, 1997

CR2E037 (9/96)