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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N40666

(2)

PARKWAY CHURCH OF CHRIST, INC.					
Principal Plac	e of Business	Mailing Address		L'EMBELLET AND MARKET BIRN	# #### #### ##########################
3001 SANTA BARBARA BLVD. NAPLES FL 33993		3001 SANTA BARBARA BLVD. NAPLES FL 33999		3. Date Incorporated or Qual 10/22/1990	
				4. FEI Number 59-2050521	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desire	ed S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financ Trust Fund Contribution	ing \$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporatio	n a homeowners association?
Zip	Country	Zip	Country		as paid the current year Intangible
24	9. Name and Address of Currer	29 3 nt Registered Agent	:0	Personal Property Tax due 10. Name and Address of Ne	33.3333
	3. Hallo and Addiess of Carto.	Trogiotorou iguni	81 Name	P 11	_
-MENCE	HOERG, ANDREW R.		ANOR 82 Street Add	ress (P.O. Box Number is Not Acc	多されて septable)
3 402-8/	INTIAGE WAY		3402	. SANTIAGO WAY	<u> </u>
NAPLES	MERA DR., STE-106		84 QtVaQu	- 0,	85 Zip Code
			NAPU		FL 34/05
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Statutes of Florida, Such change was au	 the above-named corp thorized by the corpora 	poration submits this statement for tion's board of directors. I hereby	the purpose of changing its registered accept the appointment as registered
agent, La	am fathillar with, and accept the oblig	ations of, Section 617.0503, Florid	da Statutes.		
""	Assals and My Ald as the	Made / Augusta	2 P Meure.	Lease Trans	2 / Tail 12 1990
SIGNATURE	MOREW K/W rulen	BURK ANDREW	D. R. MEULEA Registered Agent signature requi	BERG REKSURE	R , Jan. 12, 1998
	Signature, typed or printed name of registered age OFFICERS AN	dix and title if applicable. (NOTE: E) ID DIRECTORS	d R. Meulen	SERS /REKSULE ired when reinstaling)	OFFICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name officers and OFFICERS AND	ent and title if applicable. (NOTE: F	Registered Agent signature requi	SERS /REKSULE ired when reinstaling)	R DATE 12, 1978
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DS OSBORNE, TIM	dix and title if applicable. (NOTE: E) ID DIRECTORS	Registered Agent signature requi	SERS /REKSULE ired when reinstaling)	OFFICERS AND DIRECTORS IN 12
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14. 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 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.

FILED

Feb 04 1998 8:00am

Secretary of State