


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 019 ****61.25

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|---|---|--|---|---|--|
| DOCUMENT # N40666 1. Entity Name PARKWAY CHURCH OF CHRIST, INC. | | | |  | |
| Principal Place of Business 3001 SANTA BARBARA BLVD. NAPLES, FL 34116 | | | | Mailing Address 3001 SANTA BARBARA BLVD. NAPLES, FL 34116 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-2050521 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MEULENBERG, ANDREW R 3402 SANTIAGO WY NAPLES, FL 34105 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS OSBORNE, TIM 2459 POINCIANA STREET NAPLES, FL 34105 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY OSBORNE, TIM 2459 POINCIANA STREET NAPLES, FL 34105 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KISSELL, STEVE 5047 3RD AVE NORTH NAPLES, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OSBORNE, LARRY D. 5061 8TH AVE SW NAPLES, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT/DIRECTOR KENT, KRISTON 6371 HUNTERS ROAD NAPLES, FL 34109 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MEULENBERG, ANDREW 3563 SANTIAGO WAY NAPLES, FL 34105 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER MEULENBERG, ANDREW 3563 SANTIAGO WAY NAPLES, FL 34105 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FALLIS, JERRY 2361 21ST STREET SW NAPLES, FL 34119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT/DIRECTOR MURRELL, ROBERT 1721 SAN BERNARDINO WAY NAPLES, FL 34109 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OSBORNE, PHIL 1410 NOTTINGHAM DRIVE NAPLES, FL 34109 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST. SECRETARY OSBORNE, PHIL 1410 NOTTINGHAM DRIVE NAPLES, FL 34109 | |
| 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: Andrew R. Meulenberg TREASURER ANDREW R. MEULENBERG 1/14/04 (239) 403-6781 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |