

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N48265 1. Entity Name PARKWAY PRESBYTERIAN CHURCH (U.S.A.) OF PANAMA CITY, FLORIDA, INC.						FILED 07 OCT -3 PM 2:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 07 09272007 REINSTATEMENT GR2E099 (1/07)	
Principal Place of Business 505 S. TYNDALL PARKWAY PANAMA CITY, FL 32404		Mailing Address 505 S. TYNDALL PARKWAY PANAMA CITY, FL 32404 US					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1500927		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip Country		Zip Country		6. Name and Address of Current Registered Agent BROWN, REBECCA R 505 S. TYNDALL PARKWAY PANAMA CITY, FL 32404		7. Name and Address of New Registered Agent Name Andrew Jackson Street Address (P.O. Box Number is Not Acceptable) 505 S. Tyndall Pkwy City Panama city FL Zip Code 32404	
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: <u>Andrew R Jackson</u> 10 Oct 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	PTR BROWN, ED 3122 E 3RD ST PANAMA CITY, FL 32404 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110234121 10/03/07--01036---002 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR GRIMES, BURL 4819 PARK ST. PANAMA CITY, FL 32404 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$310/5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR SEGERS, WANDA 621 BAYWOOD DR LYNN HAVEN, FL 32444 <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	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Andrew R Jackson</u> Andrew R Jackson				Date 10 Oct 2007		Daytime Phone # 850-271-2707	