

SECTION 5 NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005435 (1)

1. Corporation Name

PARROTT AVE CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

119 SOUTH PARROTT
OKEECHOBEE FL 34974

P.O. BOX 1785
OKEECHOBEE FL 34973
US

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

65-0525021

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

TYLER, JAMES N
739 SE 36TH TERR
OKEECHOBEE FL 34973

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARKER, CHARLES W	
STREET ADDRESS	1307 S PARROTT AVE 59A	
CITY-STATE-ZIP	OKEECHOBEE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	YODER, DAVID	
STREET ADDRESS	8613 SE 59TH DR	
CITY-STATE-ZIP	OKEECHOBEE FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NEALIS, JAMES	
STREET ADDRESS	500 SW 87TH TERR	
CITY-STATE-ZIP	OKEECHOBEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CALVIN MORGAN	
1.3 STREET ADDRESS	3402 S.E. 18TH TER.	
1.4 CITY-STATE-ZIP	Okeechobee, FLA. 34974	

2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAY WORLEY	
2.3 STREET ADDRESS	5500 HWY 70 SE 18385 Hwy 98th	
2.4 CITY-STATE-ZIP	OKEECHOBEE, FLA. 34972	

3.1 TITLE	YODER, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	8613 SE 59th Drive	
3.3 STREET ADDRESS	Okeechobee, FLA. 34974	
3.4 CITY-STATE-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)