

SECTION J 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

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 2a. Mailing Address
 21 Subtle, Apt. #, etc. 26 Subtle, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$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 _____ (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-ST-ZIP	OKEECHOBEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YODER, DAVID	
STREET ADDRESS	8613 SE 59TH DR	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NEALIS, JAMES	
STREET ADDRESS	500 SW 87TH TERR	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-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 702 18385 Hwy 98 North	
2.4 CITY-ST-ZIP	OKEECHOBEE, FLA. 34972	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YODER, DAVID	
3.3 STREET ADDRESS	8613 SE 59th Drive	
3.4 CITY-ST-ZIP	Okeechobee, Fla. 34974	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: _____ DATE: 941-467-4200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (5/98)