

FILED  
Aug 03, 1999 8:00 am  
Secretary of State

08-03-1999 90008 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005435

1. Corporation Name  
PARROTT AVE CHRISTIAN CHURCH, INC.

Principal Place of Business 119 SOUTH PARROTT OKEECHOBEE FL 34974	Mailing Address P.O. BOX 1785 OKEECHOBEE FL 34973 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/14/1995	4. FEI Number 65-0525021 Applied For Not Applicable
9. Name and Address of Current Registered Agent TYLER, JAMES N 789 SE 96TH TERR OKEECHOBEE FL 34973		10. Name and Address of New Registered Agent 81 Name RAY O. WORLEY 82 Street Address (P.O. Box Number is Not Acceptable) 18385 Hwy 98 N 83 84 City Okeechobee FL 85 Zip Code 34922	

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 Ray O. Worley DATE 8-17-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CALVIN	1.2 NAME	
STREET ADDRESS	3402 SE 18TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, DAVID	2.2 NAME	
STREET ADDRESS	8813 SE 59TH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORLEY, RAY	3.2 NAME	
STREET ADDRESS	18385 Hwy 98 North 276 Hwy 98 S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Worley, RAY	4.2 NAME	
STREET ADDRESS	18385 Hwy 98 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, FL 34922	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Ray O. Worley SIGNATURE DATE 8/15/99 DAYTIME PHONE # 941-462-2278

CR2E037 (5/99)