


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90036 013 ****61.25

| | | | | | |
|--|------------------------|--|--|---|--|
| DOCUMENT # N96000001630 1. Entity Name PARKWAY FREE WILL BAPTIST CHURCH, INC. | | | |  | |
| Principal Place of Business 3413 SEBRING PARKWAY SEBRING, FL 33870 | | | Mailing Address 189 MCCOY DRIVE LAKE PLACID, FL 33852 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 36-4133354 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KLINGENSMITH, JAMES F 189 MCCOY DRIVE LAKE PLACID, FL 33852 | | | | 7. Name and Address of New Registered Agent 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, 2007 | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KLINGENSMITH, JAMES F | | NAME | | |
| STREET ADDRESS | 189 MCCOY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE PLACID, FL 33852 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CAVE, JOHN DAVID | | NAME | | |
| STREET ADDRESS | 556 WHIP POOR WILL DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33875 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KLINGENSMITH, JANE W | | NAME | | |
| STREET ADDRESS | 189 MCCOY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE PLACID, FL 33852 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAY, CARL W | | NAME | | |
| STREET ADDRESS | 4114 PLACID LAKES BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE PLACID, FL 33852 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WOOD, DOROTHY A | | NAME | D COTTON, JOHN D | |
| STREET ADDRESS | 245 OAK AVE | | STREET ADDRESS | 3623 MICHIGAN AV | |
| CITY-ST-ZIP | SEBRING, FL 33870 | | CITY-ST-ZIP | SEBRING, FL 33872 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CAVE, BARBARA A | | NAME | | |
| STREET ADDRESS | 558 WHIP POOR WILL DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33875 | | CITY-ST-ZIP | | |
| 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 as changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>James F. Klingensmith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> James F. Klingensmith | | | February 16, 2007 <small>Date</small> | | |
| | | | 863-464-1966 <small>Daytime Phone #</small> | | |