2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001630

FILED Jan 08, 2009 Secretary of State

Entity Name: PARKWAY FREE WILL BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 3413 SEBRING PARKWAY SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 189 MCCOY DRIVE LAKE PLACID, FL 33852 US FEI Number: 36-4133354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLINGENSMITH, JAMES F 189 MCCOY DRÍVE LAKE PLACID, FL 33852 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KLINGENSMITH, JAMES F Name: Name: 189 MCCOY DRIVE Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAVE, JOHN DAVID Name: CAVE, JOHN DAVID Name: Address: 556 WHIP POOR WILL DR Address: 105 N LAKE AVE #107 City-St-Zip: SEBRING, FL 33875 City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: () Change () Addition KLINGENSMITH, JANE W Name: Name: 189 MCCOY DRIVE Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAY, CARL W Name: Name: SCAGGS, JAMES 4114 PLACID LAKES BLVD 1337 SPINKS RD Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: (X) Change () Addition COTTON, JOHN D COTTON, JOHN D Name: Name: 3623 MICHIGAN AVE. 105 N LAKE AVE. Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: (X) Change () Addition CAVE, BARBARA A CAVE. BARBARA A Name: Name: Address: 558 WHIP POOR WILL DR Address: 105 N LAKE AVE #107 SEBRING, FL 33875 AVON PARK, FL 33825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. KLINGENSMITH PRES 01/08/2009