

SECOND 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  
 Jul 23 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 # N96000005450 (9)**  
 1. Corporation Name  
**PARKWAY BAPTIST SPANISH MISSION, INC.**



Principal Place of Business <b>9000 LAKE UNDERHILL ROAD ORLANDO FL 32825</b>	Mailing Address <b>9000 LAKE UNDERHILL ROAD ORLANDO FL 32825</b>
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3. Date Incorporated or Qualified <b>10/21/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country
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9. Name and Address of Current Registered Agent  
**FIGUEROA, LYDIA  
 643 WECHSLER CIRCLE  
 ORLANDO FL 32824**

10. Name and Address of New Registered Agent  
 81 Name **ELOY RODRIGUEZ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7330 Cherry Laurel Dr.**  
 83  
 84 City **ORLANDO** FL 85 Zip Code **32835**

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 *Eloy Rodriguez* **Eloy Rodriguez, Pastor** 7/15/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>RIVERA, HERIBERTO</b>
STREET ADDRESS	<b>101 OLYMPIA CLUB COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>FIGUEROA, ISABEL</b>
STREET ADDRESS	<b>4536 NIKKI COURT APT. 4</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>FIGUEROA, LYDIA</b>
STREET ADDRESS	<b>643 WECHSLER CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>APONTE, EMIGDIA</b>
STREET ADDRESS	<b>4805 CEDERVIEW ROAD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Carlos Perdomo</b>
1.3 STREET ADDRESS	<b>5349 Commander Dr. -#206</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32822</b>
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Maria Luisa Reyes</b>
2.3 STREET ADDRESS	<b>13026 Quail Ct.</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL 32828</b>
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lydia Figueroa</b>
3.3 STREET ADDRESS	<b>643 Wechsler Cir.</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32824</b>
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: *Lydia Figueroa* **Lydia Figueroa** 7/15/98 (407) 857-7324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)