

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 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 # N96000006354 (2)
1. Corporation Name
PARKVIEW MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business: 3520 BAKER DAIRY ROAD HAINES CITY FL 33844
Mailing Address: 3520 BAKER DAIRY ROAD HAINES CITY FL 33844

3. Date Incorporated or Qualified: 12/12/1996
4. FEI Number: 59-2946838
APPLIED FOR
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

2. Principal Place of Business
21. City & State: Bellevue
22. City & State
23. City & State
24. Zip
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
BABERS, ERNESTINE
3520 BAKER DAIRY ROAD
HAINES CITY FL 33844

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 | PD | <input type="checkbox"/> DELETE |
| NAME | BABERS, HENRY | |
| STREET ADDRESS | 3520 BAKER DAIRY ROAD | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BABERS, ERNESTINE | |
| STREET ADDRESS | 3520 BAKER DAIRY ROAD | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ANGLIN, MARYE | |
| STREET ADDRESS | 1370 BATES ROAD | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BODISON, BERNETHA | |
| STREET ADDRESS | BOX L, BOOKER STREET | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COBB, CHARLIE L | |
| STREET ADDRESS | 854 TANGERINE STREET | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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: Ernestine Babers 11-23-98 041-422-6131

CR2E037 (10/97)