

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90064 021 \*\*\*\*61.25

**DOCUMENT # N96000006354**

1. Entity Name

**PARKVIEW MISSIONARY BAPTIST CHURCH, INC.**

*Vnk (MND)*  
**PARKVIEW Christian CENTER INC**

Principal Place of Business

Mailing Address

**3520 BAKER DAIRY ROAD  
 HAINES CITY FL 33844**

**3520 BAKER DAIRY ROAD  
 HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2940858**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BABERS, ERNESTINE  
 504 POLK CITY RD  
 HAINES CITY FL 33844**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BABERS, HENRY</b>	
STREET ADDRESS	<b>504 POLK CITY RD</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BABERS, ERNESTINE</b>	
STREET ADDRESS	<b>504 POLK CITY RD</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ANGLIN, MARYE</b>	
STREET ADDRESS	<b>1370 BATES ROAD</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BODISON, BERNETHA</b>	
STREET ADDRESS	<b>BOX L, BOOKER STREET</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COBB, CHARLIE L</b>	
STREET ADDRESS	<b>854 TANGERINE STREET</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>995 BATES RD.</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>817 BOOKER STREET</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ernestine Babers* **ERNESTINE BABERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-02*

Date

*863-422-9222*

Daytime Phone #

CR2E037 (9/01)