

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 24, 2006  
Secretary of State**

DOCUMENT# N96000006354

Entity Name: PARKVIEW CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

3520 BAKER AVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

3520 BAKER AVE  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 59-2940858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD      ( ) Delete  
Name: BABERS, HENRY  
Address: 504 POLK CITY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: VD      ( ) Delete  
Name: BABERS, ERNESTINE  
Address: 504 POLK CITY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: TD      ( ) Delete  
Name: BODISON, BERNETHA  
Address: 817 BOOKER ST.  
City-St-Zip: HAINES CITY, FL

Title: D      ( ) Delete  
Name: COBB, CHARLIE L  
Address: 854 TANGERINE STREET  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: COBB, CHARLIE L  
Address: 242 TOWEE RD  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the 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: ERNESTINE BABERS

VD

05/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date