

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006354

FILED
Apr 12, 2011
Secretary of State

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: 90-0281275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

BABERS, ERNESTINE
303 WEST MAIN STREET
HAINES CITY, FL 33844 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

04/12/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BABERS, HENRY
Address: 303 WEST MAIN STREET
City-St-Zip: HAINES CITY, FL 33844

Title: VD
Name: BABERS, ERNESTINE
Address: 303 WEST MAIN STREET
City-St-Zip: HAINES CITY, FL 33844

Title: TD
Name: BODISON-WRIGHT, VERNETHA
Address: 817 BOOKER ST.
City-St-Zip: HAINES CITY, FL 33844

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

Title: D
Name: WASHINGTON, BERNARD
Address: 807 AVE A
City-St-Zip: HAINES CITY, FL 33844 US

I hereby 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 all other like empowered.

SIGNATURE: ERNESTINE BABERS

Electronic Signature of Signing Officer or Director

V/D

04/12/2011

Date