

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0087397

05-05-2003 91148 014 ****61.25

DOCUMENT # N96000006354

1. Entity Name

PARKVIEW CHRISTIAN CENTER INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

3520 BAKER AVENUE 3520 BAKER AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL 33844

Zip

Country

33844 U.S.

Zip

Country

33844 U.S.

4. FEI Number **59-2940858**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **BABERS, HENRY**
STREET ADDRESS **504 POLK CITY RD**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **BABERS, ERNESTINE**
STREET ADDRESS **504 POLK CITY RD**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **ANGLIN, MARYE**
STREET ADDRESS **995 BATES RD.**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **BODISON, BERNETHA**
STREET ADDRESS **817 BOOKER ST.**
CITY-ST-ZIP **HAINES CITY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **COBB, CHARLIE L**
STREET ADDRESS **854 TANGERINE STREET**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

863-422-6131

CR2E037 (10/02)