FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9800003134

1. Corporation Name

UNIVERSITY PARKWAY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90114 045 ****70.00

9410 UNIVERSITY PARKWAY PENSACOLA FL 32514		9410 UNIVERSITY PARKWAY PENSACOLA FL 32514						
2. Principal Pi	2a. Mailing Address	ress		Date Incorporated or Qualifed 05/29/1998				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For		onlied For		
22		27		59-349-6782				
City & State		City & State					Additional	
23		28		5. Certificate of Status Desired		equired		
Zip			Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	30		Trust Fund Contribution	•	to Fees	
	9. Name and Address of Curren		<u>'</u>		10. Name and Address of New Registered	Agent		
			81	Name		•	: 1	
CALLAWAY, MARY M			82	Street A	Address (P.O. Box Number is Not Acceptable)			
	PALAFOX STREET		83					
PENSACC	DLA FL 32501							
			84	City ·	FL	. 85 Zip	Code	
office or re agent. I as SIGNATURE	to the provisions of security of the State of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with a state of fami	of Florida. Such change was authoritions of, Section 617.0503, Florida	orized by Statutes	the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appointment of the purpose of the purp	ntment as re	egistered	
12.		D DIRECTORS	13.	it a-griatura i e-	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
TITLE	D	DELETE	1.1 TITLE			Change	□ Addition	
NAME	BARDIN, DOUGLAS O		1.2 NAME				1	
STREET ADDRESS	1230 BARMEL STREET		1.3 STREET	ADDRESS	- ·			
CITY-ST-ZIP	PENSACOLA FL 32534		1,4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	FOWLER, BRENDA F		2.2 NAME					
STREET ADDRESS	1138 PAULINE STREET		2.3 STREET	TADDRESS			1	
CITY-ST-ZIP	CANTONMENT FL 32533		.2. 4 CITY-S	T-ZIP				
TITLE	D	DELETE	3.1 TITLE		7	Change	☐ Addition	
NAME	THOMAS, ROBERT B	·	3.2 NAME	ŀ	PORTIA KIMBROL		ļ	
STREET ADDRESS	2600 PANDORA PLACE		3.3 STREET	ADDRESS	PORTIA Kimbrel 6205 chicargo Ave. Pensacola, FL. 32526			
CITY-ST-ZIP	PENSACOLA FL 32514		3.4. CITY-S	T-ZIP	PENSOLOLA, FL. 32306			
TITLE		☐ DELETE	4.1 TITLE		,	Change	☐ Addition	
NAME		.]	4. 2 NAME	ŀ				
STREET ADDRESS		ļ	4.3 STREET					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		Change	Addition	
TITLE		□ Netrese	5.1 TITLE 5.2 NAME	1		r cuanda	[] Addition	
NAME	•	J	5.3 STREET	- ANDRESS	•			
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		Change	Addition	
NAME			6.2 NAME	ľ			_	
STREET ADDRESS			6.3 STREET	ADDRESS				

14. Thereby 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 phanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: