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Secretary of State

05-04-1999 90078 019 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004186

1. Corporation Name

PARKWAY BAPTIST CHURCH HOLDING COMPANY

Principal Place of Business

1410 E INDIANHEAD DRIVE
TALLAHASSEE FL 32301

Mailing Address

1410 E INDIANHEAD DRIVE
TALLAHASSEE FL 32301



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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/20/1998

4. FEI Number

59-0905192

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ENFINGER, D. CARLTON
822 N MONROE ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name Kennison, Conley
82 Street Address (P.O. Box Number is Not Acceptable)
1410 E Indianhead Dr
83
84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Conley M. Kennison (TREASURER)

4/28/99
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ENFINGER, CARLTON	
STREET ADDRESS	822 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, DENNIS	
STREET ADDRESS	1410 E INDIANHEAD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KENNISON, CONLEY	
STREET ADDRESS	1410 E INDIANHEAD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUFF, MARILYN	
STREET ADDRESS	1410 E INDIANHEAD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jaillet, Gail	
1.3 STREET ADDRESS	1410 E Indianhead Dr	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lee, Jim	
2.3 STREET ADDRESS	1410 E Indianhead Dr	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE:

Gail Jaillet SIGNATURE REQUIRED

4/28/99

(80)576-1782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)