

# 2000 UNIFORM BUSINESS REPORT (UBR)

*DAE/afz*

FILED

00 SEP 22 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004186

1. Entity Name

PARKWAY BAPTIST CHURCH HOLDING COMPANY

Principal Place of Business

Mailing Address

1410 E Indianhead Dr  
Tallahassee, FL 32301

1410 E Indianhead Dr  
Tallahassee, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0905192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kennison, Conley  
1410 E Indianhead Dr  
Tallahassee, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

700003415567--4

-10/05/00-D1192-003

\*\*\*\*\*61.25 FL \*\*\*\*\*61.25

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Jaillet, Gail 1410 E Indianhead Dr Tallahassee, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Lee, Jim 1410 E Indianhead Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - Lee, Jim 1410 E Indianhead Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kinsey, Abe 1410 E Indianhead Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Huff, Marilyn 1410 E Indianhead Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Roe, Millie 1410 E Indianhead Dr Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burkhardt, Beverly 1410 E Indianhead Dr Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gray, Gary 1410 E Indianhead Dr Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roe, David 1410 E Indianhead Dr Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (5/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jim Lee*

9-14-00

644-2591

TS



*Prayer of 2*

Don McLaughlin  
PASTOR

Title D  
Name Bishop, Kent  
Street Address 1410 E Indianhead Dr  
City State Zip Tallahassee, FL 32301

Title D  
Name Mitchell Sr., Harry  
Street Address 1410 E Indianhead Dr  
City State Zip Tallahassee, FL 32301

Title D  
Name Tadlock, Dot  
Street Address 1410 E Indianhead Dr  
City State Zip Tallahassee, FL 32301