

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # N98000004186

1. Entity Name
PARKWAY BAPTIST CHURCH HOLDING COMPANY



FILED
04 APR 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1410 E INDIANHEAD DRIVE TALLAHASSEE FL 32301**
Mailing Address: **1410 E INDIANHEAD DRIVE TALLAHASSEE FL 32301**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-0905192**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KENNISON, CONLEY
1410 E INDIANHEAD DR
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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: *Conley Kennison*
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
Due By May 1, 2004**

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 | |
|---|---------------------------------|
| TITLE: CD NAME: KENNISON, CONLEY STREET ADDRESS: 1410 E INDIANHEAD DR CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE: D NAME: MCKAY, BRENDA STREET ADDRESS: 1410 E INDIANHEAD DR CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE: D NAME: AKRIDGE, GREG STREET ADDRESS: 1410 E INDIANHEAD DRIVE CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE: VD NAME: JAILLET, GAIL STREET ADDRESS: 1410 E INDIANHEAD DR CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE: SD NAME: LEWIS, JANE STREET ADDRESS: 1410 E INDIANHEAD DR CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE: D NAME: GRIMSLEY, CHET STREET ADDRESS: 1410 EAST INDIANHEAD DRIVE CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE: D NAME: Roe, David STREET ADDRESS: 1410 E Indianhead Dr CITY-ST-ZIP: Tallahassee, FL 32301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: Hostetter, Millie STREET ADDRESS: 1410 E Indianhead Dr CITY-ST-ZIP: Tallahassee, FL 32301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: Tryon, Rick STREET ADDRESS: 1410 E Indianhead Dr CITY-ST-ZIP: Tallahassee, FL 32301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

100036276341
05/13/04--01078--011 **\$61.25

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: *Conley Kennison* **Conley Kennison** 4/28/04 (850) 877-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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| | | |
|----------------|--------------------------|---------------|
| TITLE | D | |
| NAME | OLIFF, DAVE | <u>DELETE</u> |
| STREET ADDRESS | 1410 E. INDIANHEAD DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | |

| | | |
|----------------|--------------------------|---------------|
| TITLE | D | |
| NAME | HALL, LOUNETTE | <u>DELETE</u> |
| STREET ADDRESS | 1410 E. INDIANHEAD DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | |

| | | |
|----------------|--------------------------|---------------|
| TITLE | D | |
| NAME | SIGNS, LORA | <u>DELETE</u> |
| STREET ADDRESS | 1410 E. INDIANHEAD DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | |