


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004186 1. Entity Name PARKWAY BAPTIST CHURCH HOLDING COMPANY	
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05/07/07--01004E-011 **61.25

07 APR 30 AM 10: 13

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04182007 Chg-NP CR2E037 (12/06)

City & State	4. FEI Number 59-0905192
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BISHOP, KENT 1410 E INDIANHEAD DR TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name <u>Misty Lynn Foster</u> Street Address (P.O. Box Number is Not Acceptable) <u>1410 East Indianhead Drive</u> <u>Tallahassee,</u> City <u>FL</u> Zip Code <u>32301</u>
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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 Misty Lynn Foster Misty Lynn Foster, Chairman DATE 4/29/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2007
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	CD <input checked="" type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, KENT	NAME	Misty Lynn Foster
STREET ADDRESS	1410 E INDIANHEAD DRIVE	STREET ADDRESS	1410 E. Indianhead Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSTETTER, MILLIE	NAME	Susan Mandell
STREET ADDRESS	1410 E INDIANHEAD DR	STREET ADDRESS	1410 E. Indianhead Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMNER, HENRIETTA	NAME	Rita Grimsley
STREET ADDRESS	1410 E INDIANHEAD DRIVE	STREET ADDRESS	1410 E. Indianhead Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, LOUNETTE	NAME	Mary Morgan
STREET ADDRESS	1410 E INDIANHEAD DR	STREET ADDRESS	1410 E. Indianhead Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, DAVID	NAME	Jason Grimsley
STREET ADDRESS	1410 E INDIANHEAD DR	STREET ADDRESS	1410 E. Indianhead Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNISON, CONLEY	NAME	James Greg Akridge
STREET ADDRESS	1410 E INDIANHEAD DRIVE	STREET ADDRESS	1410 E. Indianhead Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee, FL 32301

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Misty Lynn Foster Misty Lynn Foster DATE 4/29/2007 DAYTIME PHONE # 850-877-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
PARKWAY BAPTIST CHURCH HOLDING COMPANY

BLOCK 10 (continued)

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

TITLE	D	<u>DELETE</u>
NAME	TRYON, RICK	
STREET ADDRESS	1410 E. INDIANHEAD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

TITLE	D	
NAME	DAVE OLIFF	
STREET ADDRESS	1410 E. INDIANHEAD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	