

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003441

FILED
Jan 08, 2008
Secretary of State

Entity Name: PARKER STREET MINISTRIES, INC.

Current Principal Place of Business:

301 NORTH FLORIDA AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 433
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3579886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, TIMOTHY C
510 NORTH STELLA AVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUCKER, JOHN D.C.
Address: 3431 BRIDGEFIELD DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: TRITTON, ROBERT
Address: 506 W MAXWELL STREET
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: BOULWARE, DAVID
Address: 1014 EUCLID AVE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: WILSON, TRACY
Address: 916 WOODWARD STREET
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: MATHEWS, RANDY
Address: PO BOX 8965
City-St-Zip: LAKELAND, FL 33806

Title: D () Delete
Name: CAMP, AMANDA
Address: PO BOX 24684
City-St-Zip: LAKELAND, FL 33802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TUCKER, JOHN D.C.
Address: 3431 BRIDGEFIELD DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D (X) Change () Addition
Name: TRITTON, ROBERT
Address: 506 W MAXWELL STREET
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WILSON, TRACY
Address: 6732 CRESCENT WOODS CIRCLE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WELLS, MIKE
Address: 3136 BONNYBROOK DR. S
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MITCHELL

ED

01/08/2008

Electronic Signature of Signing Officer or Director

Date