2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N99000003441

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:	D	( ) Delete
Name:	TUCKER, JOHN D.C.	
Address:	3431 BRIDGEFIELD DRIVE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) 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:	PD	( ) Delete
Name:	WILSON, TRACY	
Address:	6732 CRESCENT WOODS CIRCLE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	MATHEWS, RANDY	
Address:	PO BOX 8965	
City-St-Zip:	LAKELAND, FL 33806	
Title:	TD	( ) Delete
Name:	WELLS, MIKE	
Address:	3136 BONNYBROOK DR. S	
City-St-Zip:	LAKELAND, FL 33811	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MIKE WELLS TD 01/21/2009

Electronic Signature of Signing Officer or Director — Date