

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90040 037 ****61.25

DOCUMENT # N99000006545

1. Entity Name
THE PARKWAY LIONS FOUNDATION, INC.



Principal Place of Business
**390 SOUTH TYNDALL PKWY
322
PANAMA CITY, FL 32404**

Mailing Address
**390 SOUTH TYNDALL PKWY
322
PANAMA CITY, FL 32404**



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3722495

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HENDRICKS, BRENDA G
6135 E HWY 98
PARKER, FL 32404**

**DO NOT WRITE
IN THIS SPACE**

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

Brenda G Hendricks

3-10-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, EDWARD 6523 ENZOR STREET PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, HUBERT 307 S COMET AVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRICKS, BRENDA G 6135 E. HWY 98 PARKAS, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, MAE 307 S COMET AVENUE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEVINK, RAY 6715 FOX LAKE DR. CALLAWAY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROBERT EUGENE Anderson 816 TRANSMITTER RD. PO Box 207 SPRINGFIELD, FL 32404 Panama City, FL 32404

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda G Hendricks
BRENDA G Hendricks

3-8-05

Date

Daytime Phone #

850-814-6311