

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006354

Entity Name: PARKVIEW CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business:

3500 BAKER AVE
HAINES CITY, FL 33844

Current Mailing Address:

3520 BAKER AVE
HAINES CITY, FL 33844

FEI Number: 90-0281275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BABERS, ERNESTINE
303 WEST MAIN STREET
HAINES CITY, FL 33844 US

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

Officer/Director Detail :

Title PD
Name BABERS, HENRY
Address 303 WEST MAIN STREET
City-State-Zip: HAINES CITY FL 33844

Title VD
Name BABERS, ERNESTINE
Address 303 WEST MAIN STREET
City-State-Zip: HAINES CITY FL 33844

Title D
Name COBB, CHARLIE L
Address 242 TOWEE RD
City-State-Zip: WINTER HAVEN FL 33881

Title D
Name WASHINGTON, BERNARD
Address 807 AVE A
City-State-Zip: HAINES CITY FL 33844

I hereby 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 all other like empowered.

SIGNATURE: ERNESTINE BABERS

VD

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date