

**2024 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 TOWHEE RD  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name WASHINGTON, BERNARD  
Address 507 MAJESTIC GARDENS BLVD.  
City-State-Zip: WINTER HAVEN FL 33880-2009

*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

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date