

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004186

FILED
Apr 29, 2015
Secretary of State
CC4230005055

Entity Name: PARKWAY BAPTIST CHURCH HOLDING COMPANY

Current Principal Place of Business:

2940 E. PARK AVE.
SUITE B
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 7237
TALLAHASSEE, FL 32314

FEI Number: 59-0905192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIFF, JOYCE A
2940 E. PARK AVE
SUITE B
TALLAHASSEE, FL 32301 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 CHAIRMAN, DIRECTOR
Name BISHOP, NICHOLAS
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name LUDES, MARY AN
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title TREASURER, DIRECTOR
Name AKRIDGE, GREG
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title VC, DIRECTOR
Name LINKER, JOSHUA
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name CHRISTIANSEN, MARJEAN
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title SECRETARY, DIRECTOR
Name OLIFF, ELISABETH
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name WALKER, TREY
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name BISHOP, HEATHER
Address PO BOX 7237
City-State-Zip: TALLAHASSEE FL 32314

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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: NICHOLAS BISHOP

CHAIRMAN

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name ROCCANTI, DANIEL

Address PO BOX 7237

City-State-Zip: TALLAHASSEE FL 32314