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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756011 (3)  
1. Corporation Name  
FAITH CHRISTIAN FELLOWSHIP OF PANAMA CITY BEACH, FLORIDA, INC.

Principal Place of Business Mailing Address  
13300 WEST HWY 98 PO BOX 14121 PANAMA CITY BEACH FL 32407  
13300 WEST HWY 98 PO BOX 14121 PANAMA CITY BEACH FL 32407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1981 3a. Date of Last Report 03/08/1994  
4. FEI Number 59-2045549 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
BISHOP, MARK Q  
352 WAHOO RD.  
PANAMA CITY BEACH FL 32411

10. Name and Address of New Registered Agent  
81 Name BISHOP, MARK Q.  
82 Street Address (P.O. Box Number is Not Acceptable) 13300 BACK BEACH ROAD  
83  
84 City Panama City Beach FL 85 Zip Code 32407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Mark Q. Bishop* MARK Q. Bishop JAN 25, 1995  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, RICHARD C.	1.2 NAME	
STREET ADDRESS	RT.2, BOX A36	1.3 STREET ADDRESS	
CITY-ST-ZIP	BREMEN AL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, MARK Q.	2.2 NAME	
STREET ADDRESS	352 WAHOO RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, SCARLETT S.	3.2 NAME	
STREET ADDRESS	352 WAHOO RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	3.4 CITY-ST-ZIP	
TITLE	Director	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Capland	4.2 NAME	
STREET ADDRESS	777 MORRIS DICK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TEXAS 76071	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE GEORGE	5.2 NAME	
STREET ADDRESS	168 SPUNKY CREEK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CATOOSA, OK 74015	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 9 or Block 13 if changed, or on attachment with an address.

SIGNATURE: *Mark Q. Bishop* MARK Q. Bishop 01/25/95 284-7925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR DATE (Include Phone #)