

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
13300 BACK BEACH ROAD PANAMA CITY BEACH FL 32407  
13300 BACK BEACH ROAD PANAMA CITY BEACH FL 32407-2843

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/22/1981	3a. Date of Last Report 03/05/1996
21	26	4. FEI Number 59-2045549	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Country		
24	25		
	29		
	30		

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Markus Bishop* PRESIDENT/DIRECTOR MARKUS BISHOP 01/07/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, MARKUS Q.	2.2 NAME	
STREET ADDRESS	104 PALM BAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, SCARLETT S.	3.2 NAME	
STREET ADDRESS	104 PALM BAY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAR, JR. CREFLD A.	4.2 NAME	
STREET ADDRESS	125 LAKEMONT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE GA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, JOHN D.	5.2 NAME	
STREET ADDRESS	777 MORRIS DIDO ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76071	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Markus Bishop* MARKUS BISHOP 01/07/97 (904) 271-7538  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)