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Jan 27, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-27-1999 90057 018 *****70.00

DOCUMENT # 756011

1. Corporation Name

FAITH CHRISTIAN FAMILY CHURCH OF PANAMA CITY BEACH, INC.

Principal Place of Business

13300 BACK BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address

13300 BACK BEACH ROAD
PANAMA CITY BEACH FL 32407



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/22/1981

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

9. Name and Address of Current Registered Agent

MARKUS Q. BISHOP
13300 BACK BEACH ROAD
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1509 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 Q. BISHOP, Pres. 01/06/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BISHOP, MARKUS Q.
STREET ADDRESS 104 PALM BAY BLVD
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE STD
NAME BISHOP, SCARLETT S.
STREET ADDRESS 104 PALM BAY BLVD
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE D
NAME DOLAR, JR. CREFLD A.
STREET ADDRESS 125 LAKEMONT DRIVE
CITY-ST-ZIP FAYETTEVILLE GA

TITLE VD
NAME COPELAND, JOHN D.
STREET ADDRESS 777 MORRIS DIDO ROAD
CITY-ST-ZIP FORT WORTH TX 76071

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

MARKUS Q. BISHOP, Pres. 01/06/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)