

DOCUMENT # 756011

1. Entity Name

FAITH CHRISTIAN FAMILY CHURCH OF PANAMA CITY BEA

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 012 ****75.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2045549

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MARKUS Q. Bishop, Fla

Date

Daytime Phone #

03/27/00 (850) 234-7978

CFR2E037 (9/99)