

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90030 023 \*\*\*\*75.00

0016006

**DOCUMENT # 756011**  
 1. Entity Name  
**FAITH CHRISTIAN FAMILY CHURCH OF PANAMA CITY BEA**

|  |  |
|--|--|
| Principal Place of Business<br><b>13300 BACK BEACH ROAD<br/>PANAMA CITY BEACH FL 32407</b> | Mailing Address<br><b>13300 BACK BEACH ROAD<br/>PANAMA CITY BEACH FL 32407</b> |
|--|--|

A0006428



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-2045549</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent  
**MARKUS Q. BISHOP**  
**13300 BACK BEACH ROAD**  
**PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent  
 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 *Markus Q. Bishop* **MARKUS Q. BISHOP** 01/03/01  
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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BISHOP, MARKUS Q.<br/>104 PALM BAY BLVD<br/>PANAMA CITY BEACH FL</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>BISHOP, SCARLETT S.<br/>104 PALM BAY BLVD<br/>PANAMA CITY BCH FL</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DOLAR, JR. CREFLD A.<br/>125 LAKEMONT DRIVE<br/>FAYETTEVILLE GA</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>COPELAND, JOHN D.<br/>777 MORRIS DIDO ROAD<br/>FORT WORTH TX 76071</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Markus Q. Bishop* **MARKUS Q. BISHOP** 01/03/01 **(950) 234-7978**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)