


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90083 001 \*\*\*\*61.25  
 02-25-2004 90083 002 \*\*\*\*\*8.75

**DOCUMENT # N03000010529**

1. Entity Name  
**CORNERSTONE BAPTIST CHURCH OF PANAMA CITY BEACH, INC.**



Principal Place of Business  
 17001 HERNANDO AVENUE  
 PANAMA CITY BEACH, FL 32407 US

Mailing Address  
 P.O. BOX 7386  
 PANAMA CITY BEACH, FL 32413 US

**66403103**



2. Principal Place of Business  
**15238 FRONT BEACH ROAD**

3. Mailing Address  
 Suite, Apt. #, etc

02122004 Chg-NP CR2E037 (10/03)

City & State  
**PANAMA CITY BEACH, FL**

City & State  
 City Country  
**32413 USA**

4. FEI Number  
**54-2105699**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, CURTIS**  
**13905 PELICAN STREET**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, CURTIS	
STREET ADDRESS	13905 PELICAN STREET	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, KELLI D	
STREET ADDRESS	3934 PETERS DRIVE	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, JIMMY	
STREET ADDRESS	100 PORTER DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Curtis L. Phillips **Curtis L. Phillips** 2-15-04 889-230-0520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #