

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N16092 (1)**

95 JAN 31 AM 10:13

1. Corporation Name
GULF BEACH PRESBYTERIAN CHURCH OF PANAMA CITY BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O MARY NELL CLARK
217 S. HIGHWAY 79
PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified **07/29/1986** 3a. Date of Last Report **06/29/1994**
4. FEI Number **59-2383759** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **Gulf Beach Presby. Church** 26 **Gulf Beach Presbyterian**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **271 S. Hwy 79** 27 **271 S. Hwy 79**
City & State City & State
23 **Panama City Beach FL** 28 **Panama City Beach FL**
Zip Country Zip Country
24 **32413** 25 **Bay** 29 **32413** 30 **Bay**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **61-25** **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GILMORE, DOGU
100 VILLA COURT
SUITE 1
PANAMA CITY BEACH FL 32413

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 607.1508, 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 607.0095, Florida Statutes.

SIGNATURE *Arthur L. Hopkins*
Signature, typed or printed name of registered agent or, if applicable, (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	E
NAME	HUGHES, HELEN
STREET ADDRESS	16205 HABANERO AVE
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	D
NAME	UZZELL, THOMAS
STREET ADDRESS	17135 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	VPS
NAME	WELCH, THOMAS H
STREET ADDRESS	619 MALAGA PL
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	PT
NAME	GILMORE, DOUG
STREET ADDRESS	100 VILLA COURT
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	D
NAME	SEGREST, RUTH
STREET ADDRESS	19456 ALFA VISTA ROAD
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D
NAME	DERICK, RUSSELL
STREET ADDRESS	120 HEATHER DR
CITY-ST-ZIP	PANAMA CITY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PT ART HOPKINS
1.3 STREET ADDRESS	121 ROSE CORAL DR.
1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D CHUCK CRAVER
2.3 STREET ADDRESS	101 SUN KANE
2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Arthur L. Hopkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR