

FILE NOW: FILING FEE IS \$61.25

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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16092 (1)

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



Principal Place of Business FULT BEACH PRESBYTERIAN CHURCH 271 S. HIGHWAY 79 PANAMA CITY FL 32413 US	Mailing Address GULF BEACH PRESBYTERIAN CHURCH 271 S HIGHWAY 79 PANAMA CITY FL 32413-2152 US
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3. Date Incorporated or Qualified 07/29/1986	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2383759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**HOPKINS, ART
121 ROSE CORAL DR
PANAMA CITY BEACH FL 32408**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, ART	1.2 NAME	
STREET ADDRESS	121 RISE CORAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UZZELL, THOMAS	2.2 NAME	EDDINS, NAN
STREET ADDRESS	17135 FRONT BEACH ROAD	2.3 STREET ADDRESS	4625 DELWOOD PARK BLVD.
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32408
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, BOB	3.2 NAME	
STREET ADDRESS	601 WEST GULF BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, LOU	4.2 NAME	
STREET ADDRESS	147 GRAND HERON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, BILL	5.2 NAME	
STREET ADDRESS	112 PALM CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRARER, CHUCK	6.2 NAME	SCHOPPE, TRACY
STREET ADDRESS	101 SUN LANE	6.3 STREET ADDRESS	16225 E. LULLWATER DR.
CITY-ST-ZIP	PANAMA CITY BCH FL	6.4 CITY-ST-ZIP	PANAMA CITY BEACH FL. 32413

14. I do 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.

SIGNATURE: *Arthur S. Hopkins* **REQUIRED** Date: *April 21, 97* Daytime Phone: *904-234-2594*

CR2E037 (9/96)