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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90001 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16092**

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 US
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104873-90001-6



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/29/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2383759
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **GORDON L. SMIBERT**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**17002 FIRENZO AVE**  
 83  
 84 City **PANAMA CITY FL** 85 Zip Code **32413**

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 *Gordon L. Smibert* **G SMIBERT** DATE **1/7/99**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, ART	
STREET ADDRESS	121 RISE CORAL DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDDINS, NAN	
STREET ADDRESS	4625 DELWOOD PARK BLVD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TOM	
STREET ADDRESS	P O BOX 27161, 1113 REDFISH CIR	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOVAK, LOU	
STREET ADDRESS	147 GRAND HERON DR	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MINER, BILL	
STREET ADDRESS	112 PALM CIRCLE	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOPPE, TRACY	
STREET ADDRESS	16225 E. LULLWATER DR.	
CITY-ST-ZIP	PANAMA CITY BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GORDON L. SMIBERT	
1.3 STREET ADDRESS	17002 FIRENZO AVE	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32413	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOUG CLARK	
2.3 STREET ADDRESS	222 MARLIN CIRCLE PO. BOX	
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32411	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN KNODEL	
3.3 STREET ADDRESS	17462 FRONT BEACH RD	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32413	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/7/99** DAYTIME PHONE #: **850-234-1423**

CR2E037 (1/198)