

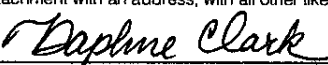


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 013 ****61.25

DOCUMENT # N16092					
1. Entity Name GULF BEACH PRESBYTERIAN CHURCH OF PANAMA CITY BEACH, INC.					
Principal Place of Business GULF 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2383759	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOPKINS, ARTHUR S 121 ROSE CORAL DR PANAMA CITY, FL 32408			Name BURKE, MICHAEL S. Street Address (P.O. Box Number is Not Acceptable) 221 McKENZIE AVENUE City PANAMA CITY FL Zip Code 32401		
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 		MICHAEL S. BURKE		3-25-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, ARTHUR S		NAME	CLARK, DAPHNE	
STREET ADDRESS	121 ROSE CORAL DR		STREET ADDRESS	P.O. BOX 27506 229 MARLIN CR	
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP	BAY POINT, FL 32411-7506	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DOUGLAS		NAME		
STREET ADDRESS	PO BOX 27506, BAY POINT		STREET ADDRESS	P.O. BOX 27506, 229 MARLIN CR.	
CITY-ST-ZIP	PANAMA CITY, FL 324117506		CITY-ST-ZIP	BAY POINT, FL 32411-7506	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISELOGEL, JAMES		NAME	PINLAYSON, CAROLYN P	
STREET ADDRESS	214 WISIERIA STREET		STREET ADDRESS	115 E. LAKESHORE DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIER, CHARLES		NAME		
STREET ADDRESS	PO BOX 7438, 17680 FBR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, WINDOLL		NAME	LYNN, JOHN	
STREET ADDRESS	22409 PALMCREST DRIVE		STREET ADDRESS	3922 PINEVIEW LANE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32409-2269	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMMETER, GLEN		NAME		
STREET ADDRESS	120 N. GLADES TR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		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: 		T DAPHNE CLARK		3/23/04 850-234-3161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	