


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 022 ****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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip Country	Zip Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2383759 Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent

BURKE, MICHAEL S
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

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	
T NAME: HASBROUCK, ROBERT STREET ADDRESS: 292 SEABREEZE CIRCLE CITY-ST-ZIP: PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete
D NAME: CLARK, DOUGLAS A STREET ADDRESS: P.O. BOX 27506, 229 MARLIN CIRCLE CITY-ST-ZIP: PANAMA CITY BEACH, FL 324117506	<input checked="" type="checkbox"/> Delete
SD NAME: FINLAYSON, CAROLYN P STREET ADDRESS: 115 E LAKESHORE DR. CITY-ST-ZIP: PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete
D NAME: STEVENS, REBECCA A STREET ADDRESS: 135 GRAND LAGOON SHORES DRIVE CITY-ST-ZIP: PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete
D NAME: KOEHLER, RICHARD J STREET ADDRESS: 2930 SELMA AVENUE CITY-ST-ZIP: PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: WILLIAMS, THOMAS R. STREET ADDRESS: P.O. BOX 27161, 1113 REDFISH CIRCLE CITY-ST-ZIP: PANAMA CITY BEACH, FL 32411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Hasbrouck - Robert Hasbrouck 2/6/06 850-231-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #