


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90055 019 \*\*\*\*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**

**40072806**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03272008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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**  
*415 Beckrich Rd, Ste 500*  
*Panama City Bch, FL*  
*32408*

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 *[Signature]* DATE **4/13/08**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Main check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	HASBROUCK, ROBERT	
STREET ADDRESS	292 SEABREEZE CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS R	
STREET ADDRESS	POB 27161, 1113 REDFISH CIR	
CITY-ST-ZIP	PANAMA CITY, FL 32411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FINLAYSON, CAROLYN P	
STREET ADDRESS	117 E LAKESHORE DR	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, TOM	
STREET ADDRESS	425 INDIAN WOMAN DR	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, RIBA	
STREET ADDRESS	5307 GULF DR	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDDINS, NAN C	
STREET ADDRESS	4628 DELWOOD PARK BVLD	
CITY-ST-ZIP	PANAMA CITY, FL 32408	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, JOE	
STREET ADDRESS	304 BUENA VISTA AVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, REBA	
STREET ADDRESS	5307 GULF DR.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, TOM	
STREET ADDRESS	530 SEABREEZE CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	

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* DATE: **4/13/08** DAYTIME PHONE: **850-231-9450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR