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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N

Principal Place of Business

% CECIL NICHOLS U.S. HIGHWAY 98. BOX 56 PANACEA FL 32346

2. Principal Place of Business

Variacia

NICHOLS, CECIL

U.S. HIGHWAY 98, BOX 56 PANACEA FL 32346

N25256

Name and Address of Current Registered Agent

(1)

Mailing Address

% CECIL NICHOLS U.S. HIGHWAY 98, BOX 56 PANACEA FL 32346

PANACEA FULL GOSPEL ASSEMBLY, INC.

ATE	Feb 17 1998 8:00am
<b>4</b> S	Secretary of State
	3. Date incorporated or Qualified 03/07/1988
	4. FEI Number Applied For 59-2890956 Not Applicable
	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	7. Is this nonprofit corporation a homeowners association?
Bull	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.  Yes No
Name	10. Name and Address of New Registered Agent
Street	ddress (P.O. Box Number is Not Acceptable)
Öle.	85 Zip Code
City	FL_
named the corp	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
i signature	equired when reinstating) DATE
· –	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
	Citange Li Audulon
odress - ZIP	
	TANCE TO COMP

11. Pursuant to the provisions of Socions 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, Socion 617.0503, Florida Statutes.  SIGNATURE CLC I am familiar with, and accept the obligations of, Socion 617.0503, Florida Statutes.  SIGNATURE Suppose or primed name of registered agent lignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  BARWICK, CHARLES E.  P. D. BOX 465 N/A  PANACEA FL  1.4 CITY-S1-ZIP  TITLE  DELETE  1.1 TITLE  Change Addition  Addition  NICHOLS, CECIL  P. D. BOX 56 N/A  PANACEA FL  1.2 NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  DELETE  1.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  AL CITY-S1-ZIP  TITLE  DELETE  1.1 TITLE  Change Addition  Addition  Addition  Addition  AL CITY-S1-ZIP  TITLE  DELETE  1.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  AL CITY-S1-ZIP  TITLE  DELETE  AL CITY-S1-ZIP  TITLE  Change Addition  Addition  Addition  Addition  AL CITY-S1-ZIP  TITLE  Change Addition  Addition  Addition  AL CITY-S1-ZIP  TITLE  Change Addition
Signature by and or premied name of registrand agent and little if applicable (NOTE Registered Agent aignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD BARWICK, CHARLES E.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  PANACEA FL  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  VD DELETE  14. CITY-ST-ZIP  TITLE  VD DELETE  2. TITLE  DELETE  3. TITLE  Change Addition  Addition  NICHOLS, CECIL  PANACEA FL  1.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  D THET  AT ITITLE  AT ITITLE  AT ITITLE  AT ITITLE  AT ITITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition
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TITLE DELETE 6.1 TITLE Change Addition
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STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP

**83** City

Increase 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 of changed, or on an attachment with an address.

SIGNATURE LECIL / lichals Cecil Nicho

2-7-98

784\_5/36 Daytime Phone \* 0000069 CHECKS (10/3/)