

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25256

1. Entity Name

PANACEA FULL GOSPEL ASSEMBLY, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90108 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

PO BOX 465  
 PANACEA FL 32346-0465  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8 TAYLOR ST.

P.O. Box 465



DO NOT WRITE IN THIS SPACE

City & State  
 PANACEA, FL

City & State  
 PANACEA, FL

4. FEI Number

59-2890956

Applied For

Not Applicable

Zip  
 32346

Country  
 WAKWIA

Zip  
 32346

Country  
 WAKWIA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE *Cecil Nichols*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME BARWICK, CHARLES E.  
 STREET ADDRESS P.O. BOX 465 N/A  
 CITY-ST-ZIP PANACEA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME NICHOLS, CECIL  
 STREET ADDRESS P.O. BOX 56 N/A  
 CITY-ST-ZIP PANACEA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME NICHOLS, BESSIE  
 STREET ADDRESS OTTER LAKE ROAD  
 CITY-ST-ZIP PANACEA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME BAYWICK, GLENDA  
 STREET ADDRESS 1394 COASTAL HWY  
 CITY-ST-ZIP PANACEA FL 32346

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME NICHOLS, LONA  
 STREET ADDRESS 1332 COASTAL HWY  
 CITY-ST-ZIP PANACEA FL 32346

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ALBERSTON, W JUDGE  
 STREET ADDRESS 43 WITHLACHOOCHIE AVE  
 CITY-ST-ZIP PANACEA FL 32346

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *CECIL NICHOLS* **CECIL NICHOLS** 1-14-2000 (850) 984-5736  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)