

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90235 027 ****61.25

DOCUMENT # N25256

1. Entity Name

PANACEA FULL GOSPEL ASSEMBLY, INC.

Principal Place of Business

Mailing Address

**8 TAYLOR ST
 PANACEA FL 32346**

**PO BOX 465
 PANACEA FL 32346
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

WAKULLA

4. FEI Number **59-2890956**

Applied For

Not Applicable

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

Cecil Nichols

Feb. 21, 02

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	<input type="checkbox"/> Delete
NAME	BARWICK, CHARLES E.	
STREET ADDRESS	P.O. BOX 465 N/A	
CITY-ST-ZIP	PANACEA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NICHOLS, CECIL	
STREET ADDRESS	P.O. BOX 56 N/A	
CITY-ST-ZIP	PANACEA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, BESSIE	
STREET ADDRESS	OTTER LAKE ROAD	
CITY-ST-ZIP	PANACEA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAYWICK, GLENDA	
STREET ADDRESS	1394 COASTAL HWY	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, LONA	
STREET ADDRESS	1332 COASTAL HWY	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* RECORDED *Cecil Nichols* *Feb. 21, 02* *850.984-5236*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR1047

CP2E037 (9/01)