

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N25256

1. Entity Name
PANACEA FULL GOSPEL ASSEMBLY, INC.



FILED

04 SEP 24 AM 11: 38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**8 TAYLOR ST
PANACEA, FL 32346**

Mailing Address
**PO BOX 465
PANACEA, FL 32346 US**



09202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2890956	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

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

**600041323816
09/24/04--01001--006 **61.25**

mbl

**DO NOT WRITE
IN THIS SPACE**

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 9-22-04 984-5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #