


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N25256
 1. Entity Name
PANACEA FULL GOSPEL ASSEMBLY, INC.



Principal Place of Business: **8 TAYLOR ST PANACEA FL 32346**
 Mailing Address: **PO BOX 465 PANACEA FL 32346 US**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip Country

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when constituting) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BARWICK, CHARLES E. STREET ADDRESS: P.O. BOX 465 N/A CITY-ST-ZIP: PANACEA FL	<input type="checkbox"/> Delete
TITLE: VD NAME: NICHOLS, CECIL STREET ADDRESS: P.O. BOX 56 N/A CITY-ST-ZIP: PANACEA FL	<input type="checkbox"/> Delete
TITLE: S NAME: BAYWICK, GLENDA STREET ADDRESS: 1394 COASTAL HWY CITY-ST-ZIP: PANACEA FL 32346	<input type="checkbox"/> Delete
TITLE: T NAME: NICHOLS, LONA STREET ADDRESS: 1332 COASTAL HWY CITY-ST-ZIP: PANACEA FL 32346	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cecil Nichols* *Cecil Nichols* *March 12, 08*