


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90972 025 ****61.25

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**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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: *Cecil Nichols* DATE: *Feb. 28, 03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

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

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* **SIGNATURE REQUIRED** *Cecil Nichols* *Feb. 28, 03* *850-984-5936*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)