

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9300000577 (7)**

1. Corporation Name

PANAMA CITY BIBLE STUDY GROUP, INC.

Principal Place of Business

Mailing Address

5103 N. LAKEWOOD DR.
PANAMA CITY FL 32404

5103 N. LAKEWOOD DR.
PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/05/1993

05/01/1994

4. FEI Number

59-8164578

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFRESNE, RICHARD M
4522 ASTER ST.
PANAMA CITY FL 32404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DUFRESNE, RICHARD M
STREET ADDRESS 4522 ASTER ST.
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE D
NAME SAUNDERS, MARGARET P
STREET ADDRESS 9823 FLOWERS DR.
CITY-ST-ZIP YOUNGSTOWN FL 32468

TITLE D
NAME MCKINNEY, RICHARD A
STREET ADDRESS 1709 NEW HAMPSHIRE AVENUE
CITY-ST-ZIP LYNN HAVEN FL

TITLE D
NAME WATERS, SUE K
STREET ADDRESS 5103 N. LAKEWOOD DR.
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE D
NAME WATERS, LEIGH E
STREET ADDRESS 4714 E. 6TH ST.
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME MARGARET P. SAUNDERS
2.3 STREET ADDRESS 9823 PINE RIDGE DRIVE
2.4 CITY-ST-ZIP PANAMA CITY, FL. 32405

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME Leigh W. FALKA
5.3 STREET ADDRESS 301-A JAMES Street
5.4 CITY-ST-ZIP PANAMA CITY, FL. 32404

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RICHARD M. DUFRESNE

2/28/95

904-671-5384

(Signature and typed or printed name of signing officer or director)

Date

Telephone #