


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # 700274
1. Entity Name
WESTVIEW BAPTIST CHURCH OF PANAMA CITY, INC



Principal Place of Business Mailing Address
**4101 W 21ST STREET
PANAMA CITY FL 32405** **4101 W 21ST STREET
PANAMA CITY FL 32405**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
59-2482644 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

**CLARK, D D
2349 PRETTY BAYOU BLVD
PANAMA CITY FL 32405**

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: *D. Clark (D.D. Clark)* DATE: *March 6, 2006*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, CARHELL	
STREET ADDRESS	4209 S. 1212 W 213	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SUE GILLMAN	
STREET ADDRESS	1809 WAINWRIGHT AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, JANICE B	
STREET ADDRESS	2349 PRETTY BAYOU DR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.