


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90017 036 \*\*\*\*61.25

<b>DOCUMENT # 700773</b> 1. Entity Name <b>FOREST PARK METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>1401 WEST 23RD STREET PANAMA CITY, FL 32405</b>			Mailing Address <b>1401 WEST 23RD STREET PANAMA CITY, FL 32405</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1272374</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRIEDMAN, JOHN 1401 W. 23RD ST. PANAMA CITY, FL 32405</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, ROSEMARY		NAME		
STREET ADDRESS	103 FOX RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, TED JR		NAME		
STREET ADDRESS	1609 LINDENWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBINS, JOHN		NAME		
STREET ADDRESS	2332 FOXWORTH		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RATHBURN, CARLISLE DR		NAME		
STREET ADDRESS	3340 ROBINSON BAYOU CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEABORN, PAT		NAME		
STREET ADDRESS	1201 BREANAU TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINGER, JERRY		NAME		
STREET ADDRESS	3027 JENKS AVE.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <u>Rosemary R Stewart</u> Rosemary R. Stewart 1-23-08 850-872-1775</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		