2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 713049

Entity Name: TRINITY LUTHERAN CHURCH OF PANAMA CITY, INCORPORATED

Current Principal Place of Business:

1001 WEST 11 STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1001 WEST 11 STREET
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-6179357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, PHYLLIS A
5717 THOMAS DR
UNIT 105
PANAMA CITY, FL 32408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, PHYLLIS A
Address: 5717 THOMAS DR UNIT 105
City-St-Zip: PANAMA CITY, FL 32408

Title: VD ( ) Delete
Name: MILLER, ALVIN
Address: 1609 NEW JERSEY AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete
Name: PERRY, JANE
Address: 6615 BOLIVIA STREET
City-St-Zip: YOUNGSTOWN, FL 32466

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: AMMERMAN, BRENDA J
Address: 120 CHRISTEL AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: TREA ( ) Change (X) Addition
Name: PHILLIPS, HELGA
Address: 6225 SEMINOLE DR
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS A JOHNSON PD 02/03/2009

Electronic Signature of Signing Officer or Director — Date