2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716576

FILED Apr 29, 2009 Secretary of State

Entity Name: FIRST BAPTIST CHURCH, INC., OF PANAMA CITY

Current F					
	Principal Place o	of Business:	New Principal Place	e of Business:	
HARRISON AVE AT SIXTH ST POB 1200			640 GRACE AVENU PANAMA CITY, FL 3		
	CITY, FL 32402	1200 US	17(14/(11))(O111,1 L C	52401 00	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
HARRISON AVE AT SIXTH ST POB 1200			P O BOX 1200 PANAMA CITY FL 3	P O BOX 1200 PANAMA CITY, FL 324021200 US	
	CITY, FL 32402	1200 US	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.02.1200 00	
FEI Numbei	r: 59-0791014	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cเ	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
PANAMA	VE LANE CITY, FL 32401	US			
	e named entity su te of Florida.	ıbmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	JRE:				
		Signature of Registered Age		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LAWRENCE, R.V 949 HUNTINGTO	N CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
		N-1-4-			
Name: Address:	C () [ENNIS, BUFORD 220 SOUTH COV PANAMA CITY, F	E LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	ENNIS, BUFORD 220 SOUTH COV PANAMA CITY, F D () E WOOTEN, TOM (771 N. LONGWO	E LANE L Delete 3. OD CIRCLE	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	ENNIS, BUFORD 220 SOUTH COV PANAMA CITY, F D () [WOOTEN, TOM (771 N. LONGWO PANAMA CITY, F S () [ROWE, SAMUEL 810 W 8TH STRE	E LANE L Delete 3. OD CIRCLE L Delete C	Name: Address: City-St-Zip: Title: Name: Address:		

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: C. T. CARSWELL MS 04/29/2009