


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90015 047 ****70.00

DOCUMENT # 725681	
1. Entity Name PANAMA CITY BEACH MINISTRIES, INC.	

Principal Place of Business 12902 W. FRONT BEACH ROAD PANAMA CITY BEACH, FL 32417-9376	Mailing Address P.O. BOX 9376 PANAMA CITY BEACH, FL 32417-9376
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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

06092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1452054	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PINEGAR, LUTHER 151 HEATHER PANAMA CITY BEACH, FL 32413	

7. Name and Address of New Registered Agent	
Name	J. Michael Bryan
Street Address (P.O. Box Number is Not Acceptable)	
906 Jeremy Lane	
City	Panama City FL
Zip Code	32405

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYKIN, LEE ANN	NAME	Rev. Mike Owenby
STREET ADDRESS	1105 APPIAN WAY	STREET ADDRESS	Box 846 East Minkie Strip Pkwy
CITY-ST-ZIP	DOTHAN, AL 36303	CITY-ST-ZIP	Esther, FL 32569
TITLE	MD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINEGAR, LUTHER	NAME	Melissa Gregg
STREET ADDRESS	151 HEATHER	STREET ADDRESS	300 Briarhill RD.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	CITY-ST-ZIP	Abbeville, AL 36310
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MILLER	NAME	Jim Miller
STREET ADDRESS	P.O. BOX 9376	STREET ADDRESS	4331 Helen Dr.
CITY-ST-ZIP	PANAMA CITY, FL 32417	CITY-ST-ZIP	P.C., FL 32404
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, BOOTS	NAME	
STREET ADDRESS	55 SHANNON DR 12	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, MICHAEL REV	NAME	
STREET ADDRESS	P.O. BOX 9376	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32417	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JOHN	NAME	
STREET ADDRESS	2652 ISLAND VIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000,	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.

SIGNATURE: J. Michael Bryan - J. Michael Bryan 7/1/08 850-234-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #