

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 726302

1. Entity Name

FIRST PENTECOSTAL CHURCH OF PANAMA CITY, INC.



FILED
Apr 29, 2005 08:00 AM
Secretary of State

Principal Place of Business

179 N TYNDALL PARKWAY
P O BOX 2307
PANAMA CITY FL 32402

Mailing Address

179 N TYNDALL PARKWAY
P O BOX 2307
PANAMA CITY FL 32402



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

59-2458255

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONK, MARY
6223 KELLY CT.
PANAMA CITY FL 32404

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	MONK, MARY	
STREET ADDRESS	6223 KELLY CT	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRABTREE, ALLEN E	
STREET ADDRESS	515 PARKWOOD DR.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCFARLAND, DAVID	
STREET ADDRESS	9117 HOLLY LANE	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPOI, DAVID	
STREET ADDRESS	7000 HUGH DR.	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000344203	
STREET ADDRESS	04/29/05-80127-012 61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary A Monk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #