2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 729352** Feb 01, 2007 08:00 AM 1. Entity Name **Secretary of State** FIRST CHURCH OF GOD OF PANAMA CITY, INC. Principal Place of Business Mailing Address 1503 EAST BUS HWY 98 1503 EAST BUS HWY 98 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 05-0003706 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MCCAULEY, (CARROLL L.) Street Address (P.O. Box Number is Not Acceptable) 36 OAK AVÉ. PANAMA CITY FL 32401 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 1 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIIŒ TD ☐ Change ☐ Delete TITLE Addition DRISKILL, CARL U00000615584 NAME NAME STREET ADDRESS 203 NANCY AVE STREET ADDRESS 02/06/07-80076-017 61.25 CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP IIIŒ VD Delete ☐ Change THRE Addillon NAME PRDGEN, JERRY STREET ADDRESS 608 N. 9TH ST. STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP PANAMA CITY FL TITLE ☐ Delete THE ☐ Change ☐ Addition NAME PRIDGEN, VIOLA STREET ADDRESS STREET ADDRESS 608 N 9TH ST CUY-ST-7IP CITY-SI-ZIP PANAMA CITY FL TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP THIE Delete Change Addition TITLE NAMÉ. NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CLTY-ST-ZIP THE ☐ Delete ШЦ □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY+ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carl Dushin CARL DRISKILL 24-07 850 234-0084