


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # 733943<br>1. Entity Name<br>THE FELLOWSHIP BAPTIST CHURCH OF PANAMA CITY,<br>FLORIDA, INC. |  |
|---|---|

Principal Place of Business  
2501 MICHIGAN AVENUE  
PANAMA CITY, FL 32405

Mailing Address  
2501 MICHIGAN AVENUE  
PANAMA CITY, FL 32405



01122005 No Chg-NP CR2E037 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1701108 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

MCFATTER, HAROLD  
1306 INERNESS ROAD  
LYNN HAVEN, FL 32444

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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 *Harold McFatter* Harold McFatter 1-23-2005  
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 May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>MCFATTER, HAROLD<br>1306 INERNESS ROAD<br>LYNN HAVEN, FL 32444 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>HELMS, CHARLES<br>597 LAGOON OKAS DRIVE<br>PANAMA CITY, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>HELMS, JASON<br>506 LAGOON OAKS CIR<br>PANAMA CITY, FL 32408   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James F. Janspers, Jr* Janspers, Jr. Treasurer 1-23-2005 850 9694409  
Signature and typed or printed name of signing officer or director Date Daytime Phone #