

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90002 005 \*\*\*\*70.00

**DOCUMENT # 733943**

1. Entity Name  
**THE FELLOWSHIP BAPTIST CHURCH OF PANAMA CITY,  
FLORIDA, INC.**



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

Mailing Address  
**2501 MICHIGAN AVENUE  
PANAMA CITY, FL 32405**

00001405



06082006 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1701108**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required -**

**6. Name and Address of Current Registered Agent**

**MCFATTER, HAROLD  
1306 INERNESS ROAD  
LYNN HAVEN, FL 32444**

**DO NOT WRITE  
IN THIS SPACE**

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*

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

(NOTE: Registered Agent signature required when reinstating)

6-7-2006

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MCFATTER, HAROLD  
1306 INERNESS ROAD  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HELMS, CHARLES  
597 LAGOON OAKS DRIVE → OAKS  
PANAMA CITY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HELMS, JASON  
506 LAGOON OAKS CIR  
PANAMA CITY, FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Harold McFatter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-2006

DATE

(850) 769-4409

Daytime Phone #