

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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**



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1701108	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

Harold McFatter

1-30-2008

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PANAMA CITY, FL 32408
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	

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02/12/08-80040-017 70.00

**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:

James F. Jasparron, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Jasparron, Jr

1-30-2008

Date

Daytime Phone #