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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90187 008 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 739557**

1. Corporation Name

**GALILEAN BAPTIST CHURCH, INC.**

Principal Place of Business

C/O 9727 CREEK ST.  
YOUNGSTOWN FL 32466

Mailing Address

C/O 9727 CREEK ST.  
YOUNGSTOWN FL 32466



2. Principal Place of Business

21 **GALILEAN Baptist Church**

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **6008 John Pitts Rd**

27 City & State

23 **PANAMA City, FL**

28 Zip

24 **32404**

29 Country

25 **USA**

30

3. Date Incorporated or Qualified

**07/05/1977**

4. FEI Number

**59-2389199**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**PARKER, MIKE PASTER**  
**8931 TRACEY WAY**  
**PANAMA CITY, FL**  
**PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **OLIVER, JIMMY**  
STREET ADDRESS **3518 D STREET**  
CITY-ST-ZIP **PANAMA CITY, FL 0**

TITLE **ST** ☐ DELETE  
NAME **GRAHAM, MARGIE**  
STREET ADDRESS **9727 CREEK STREET**  
CITY-ST-ZIP **YOUNGSTOWN, FL 0**

TITLE **D** ☐ DELETE  
NAME **MASON, DARYL**  
STREET ADDRESS **1501 WYOMING AVE**  
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **D** ☐ DELETE  
NAME **MELVIN, BILLY**  
STREET ADDRESS **6633 RASCH ROAD**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARGIE GRAHAM**

SIGNATURE REQUIRED

**2-2-99**

**850-769-6848**

CR2E037 (11/98)