


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90306 050 ****61.25

DOCUMENT # 747774 1. Entity Name LIGHTHOUSE BAPTIST CHURCH OF PANAMA CITY, INC.					
Principal Place of Business 3323 EAST 15TH STREET PANAMA CITY, FL 32405			Mailing Address 3323 EAST 15TH STREET PANAMA CITY, FL 32405		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2429978	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCAULEY, CAROLL L. 36 OAK AVENUE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GLASS, BUDDY E 812 NOTTINGHAM DRIVE PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete UNGER, ROBERT 4015 MAYNARD DRIVE PANAMA CITY, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete KOPP, DEL 507 AMY STREET LYNN HAVEN, FL 32444				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete ODOM, WILLIAM 502 E PINE FORREST RD. PANAMA CITY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MAYNARD, BUDDY PO BOX 10064 PANAMA CITY, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A T <input type="checkbox"/> Delete Robert May 3640 Courtney Dr. Panama City, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Rodney King 6325 Tammy Lane Panama City, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charlie Holiday 4821 Hickory St. Panama City, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hollis Baggett 3323 E. 15th St. Panama City, FL 32405				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition DALE Bowers 3941 Maynard DR. Panama City, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Nick Blackburn 3936 Maynard Dr. Panama City, FL 32404				
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: <u>Buddy E. Glass</u> <u>Buddy E. Glass, President</u> <u>4/26/05</u> <u>1-850-763-4682</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					