

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 05, 2007**  
**Secretary of State**

DOCUMENT# 747774

**Entity Name:** LIGHTHOUSE BAPTIST CHURCH OF PANAMA CITY, INC.**Current Principal Place of Business:**3323 EAST 15TH STREET  
PANAMA CITY, FL 32405**New Principal Place of Business:****Current Mailing Address:**3323 EAST 15TH STREET  
PANAMA CITY, FL 32405**New Mailing Address:****FEI Number:** 59-3224466**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCCAULEY, CAROLL L.  
36 OAK AVENUE  
PANAMA CITY, FL 32401 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** GLASS, BUDDY E  
**Address:** 3323 E. 15TH ST  
**City-St-Zip:** PANAMA CITY, FL 32405**Title:** T ( ) Delete  
**Name:** KING, RODNEY  
**Address:** 6325 TAMMY LANE  
**City-St-Zip:** PANAMA CITY, FL 32404**Title:** T ( ) Delete  
**Name:** CHARLES, BOWERS  
**Address:** 3323 E. 15TH ST  
**City-St-Zip:** PANAMA CITY, FL 32405**Title:** T ( ) Delete  
**Name:** BAGGETT, HOLLIS  
**Address:** 3323 15TH STREET  
**City-St-Zip:** PANAMA CITY, FL 32405**Title:** T (X) Delete  
**Name:** KOPP, DEL  
**Address:** 507 AMY STREET  
**City-St-Zip:** LYNN HAVEN, FL 32444**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D/AS (X) Change ( ) Addition  
**Name:** ODOM, WILLIAM E SR  
**Address:** 502 EAST PINEFOREST DRIVE  
**City-St-Zip:** LYNN HAVEN, FL 32444**Title:** T (X) Change ( ) Addition  
**Name:** KOPP, DEL  
**Address:** 507 AMY STREET  
**City-St-Zip:** LYNN HAVEN, FL 32444**Title:** T (X) Change ( ) Addition  
**Name:** BAGGETT, HOLLIS W  
**Address:** 3323 EAST 15TH STREET  
**City-St-Zip:** PANAMA CITY, FL 32405**Title:** T (X) Change ( ) Addition  
**Name:** TRIPP, PAUL C  
**Address:** 1719 ILLINOIS AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL KOPP

TRES

11/05/2007

Electronic Signature of Signing Officer or Director

Date