FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90055 030 ****61.25

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DOCUMENT # **754772**

1. Corporation Name

BAYOU GEORGE CALVARY TEMPLE ASSEMBLY OF GOD, INC ., OF PANAMA CITY, FLORIDA

307086 - 90055 - 30

Principal Place of Business	Mailing Address
8106 HWY 2301 PANAMA CITY FL 32404 US	8106 HWY 2301 PANAMA CITY FL 32404 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/22/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2031258 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional — Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RILEY, DOROTHY J
6311 KNOLLWOOD ST
8106 HWY 2301
YOUNGSTOWN FL 32466

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 Dorothy J. Riley DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, R.W., REV.		1.2 NAME	
STREET ADDRESS	3234 COWAN RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHPORT FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, RICHARD		2.2 NAME	
STREET ADDRESS	13931 MASHBURN RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, DOROTHY J		3.2 NAME	
STREET ADDRESS	6311 KNOLLWOOD STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN M		4.2 NAME	
STREET ADDRESS	6922 MESSER RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, LARRY		5.2 NAME	
STREET ADDRESS	102 DERBY WOODS DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: SIGNATURE REQUIRED 4/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)