2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 754772

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

Principal Place of Business	Mailing Address
8106 HWY 2301 PANAMA CITY, FL 32404 US	PO BOX 1246 YOUNGSTOWN, FL 32466 US

07172006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2031258
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, SHARON
13931 MASHBURN RD
YOUNGSTOWN, FL 32466

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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: Sharon Chambers 7/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000573191
08/02/06-80006-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICHOLS, EDDIE
STREET ADDRESS	1903 CHERRY ST
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	CHAMBERS, RICHARD
STREET ADDRESS	13931 MASHBURN RD
CITY-ST-ZIP	YOUNGSTOWN, FL
TITLE	ST
NAME	CHAMBERS, SHARON
STREET ADDRESS	13931 MASHBURN RD.
CITY-ST-ZIP	YOUNGSTOWN, FL 32466
TITLE	D
NAME	CUMMINGS, JOHN
STREET ADDRESS	8601 SEMINOLE ST
CITY-ST-ZIP	YOUNGSTOWN, FL 32466
TITLE	D
NAME	RILEY, CHARLES
STREET ADDRESS	6311 KNOLLWOOD ST
CITY-ST-ZIP	YOUNGSTOWN, FL 32466
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon Chambers 7/17/06 850 872-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #