


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 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 8106 HWY 2301 PANAMA CITY, FL 32404 US	Mailing Address PO BOX 1246 YOUNGSTOWN, FL 32466 US
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07122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2031258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Sharon Chambers</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>7/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000769393 07/18/07-80005-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, EDDIE 1903 CHERRY ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, RICHARD 13931 MASHBURN RD YOUNGSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAMBERS, SHARON 13931 MASHBURN RD. YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, JOHN 8601 SEMINOLE ST YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CHARLES 6311 KNOLLWOOD ST 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: <u>Sharon Chambers - Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>7/15/07</u>	DAYTIME PHONE # <u>850-872-0220</u>