


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761168</b>	
1. Entity Name HILAND PARK UNITED METHODIST CHURCH, INCORPORATED	

Principal Place of Business 2420 E BALDWIN RD PANAMA CITY, FL 32405	Mailing Address 2921 BRADENTON AVE PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2157375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  LITTLE, BILL 2921 BRADENTON AVE PANAMA CITY, FL 32405
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MAXWELL R 703 BUNKERS COVE RD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTLE, BILL 2921 BRADENTON AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VASSIE, MARGIE 1023 W 12TH COURT PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KETCHAM, GINGE 701 BEACHCOMER DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000931893  
05/22/08-80032-018 61.25

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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:** Ginge Ketcham 4-27-08 365-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GINGE KETCHAM