2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State
03-26-2004 90032 047 ****61.25

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1. Entity Name
PANACEA COVENANT CHURCH, INC.

Principal Place of Business	Mailing Address
38 OTTER LAKE ROAD PANACEA, FL 32346	P.O. BOX 116 PANACEA, FL 32346

01192004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3714624
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKELTON, TIMOTHY C
~~237 MULBERRY CIRCLE~~ P.O. ~~Box 331~~
~~CRAWFORDVILLE, FL 32327~~
P.O. Box 116
38 Otter Lake Rd
Panacea, FL 32346

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITFIELD, LESTER
STREET ADDRESS	18 SERAFINO LANE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	GRAY, RANDY
STREET ADDRESS	2881 SPRING CREEK HIGHWAY
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	SKELTON, TIMOTHY C
STREET ADDRESS	~~237 MULBERRY CIRCLE~~ P.O. ~~Box 331~~ P.O. Box 116
CITY-ST-ZIP	~~CRAWFORDVILLE, FL 32327~~ 38 Otter Lake Rd Panacea, FL 32346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: _____ 3-21-04 850-528-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #