

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90067 026 ****61.25

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01242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00008			
1. Entity Name FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLORIDA, INC.			
Principal Place of Business 3610 W. 17TH STREET PANAMA CITY, FL 32401 US		Mailing Address 3610 W. 17TH STREET PANAMA CITY, FL 32401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-6543214		Applied For <input type="checkbox"/> Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PURL, KIMBERLY A 2605 MICHIGAN AVE PANAMA CITY, FL 32405		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T MCLAUGHLIN, MELANIE 330 FLOYD DRIVE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P PURL, JOSEPH A 2605 MICHIGAN AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST COLEMAN, LYN 2108 PENHAND RD. LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TR GIERSCH, HAROLD 2325 HWY. 231 PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST COLEMAN, LYN 2109 PENTLAND RD. LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph A. Purl* Date: 1/28/05 Daytime Phone #: 850.767-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

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Division of Corporations

Annual Report

Document Number

N00008

Business Entity Name

FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLORIDA, INC.

FEI Number

596543214

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

3610 W. 17TH STREET

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32401

US

Mailing Address

Address

3610 W. 17TH STREET

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32401

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

PURL

KIMBERLY A

-or- RA Business Name

Address

2605 MICHIGAN AVE

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32405

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

N00008

Registered Agent Signature

[Redacted Signature Box]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title

T

Name (Last, First, Middle, Title)

MCLAUGHLIN MELANIE

-or- Entity Name

[Redacted Entity Name]

Street Address

330 FLOYD DRIVE

City, State

LYNN HAVEN FL

Zip Code & Country

32444

Title

P

Name (Last, First, Middle, Title)

PURL JOSEPH A

-or- Entity Name

[Redacted Entity Name]

Street Address

2605 MICHIGAN AVE

City, State

PANAMA CITY FL

Zip Code & Country

32405

Title

ST

Name (Last, First, Middle, Title)

COLEMAN LYN

-or- Entity Name

[Redacted Entity Name]

Street Address

2108 PENHAND RD. Pentland Rd.

City, State

LYNN HAVEN FL

Zip Code & Country

32444

Title

TR

Name (Last, First, Middle, Title)

GIERSCH HAROLD

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.