


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90032 036 ****61.25

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	Zip	Country	4. FEI Number 59-6543214	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLAUGHLIN, MELANIE		NAME	Lyn Coleman	
STREET ADDRESS	330 FLOYD DRIVE		STREET ADDRESS	2108 PENLAND Rd.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Secretary / Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURL, JOSEPH A		NAME	HAROLD GIER SCH	
STREET ADDRESS	2605 MICHIGAN AVE		STREET ADDRESS	1009 Balboa Ave.	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, LYN		NAME		
STREET ADDRESS	2108 PENLAND RD.		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIER SCH, HAROLD		NAME		
STREET ADDRESS	2325 HWY. 231		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, LYN		NAME		
STREET ADDRESS	2109 PENLAND RD.		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Rev. Joseph A. Purl</i> ; <i>Rev. Joseph A. Purl</i>			Date: <i>1/12/06</i>		Daytime Phone #: <i>850.763.4852</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					