2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

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	MENT # N00008						90028 022 ****6	
1. Entity Nam FIRST CH FLORIDA	HURCH OF THE NAZARE	NE OF PANAMA	CITY,					
Principal Place of Business 3610 W. 17TH STREET PANAMA CITY, FL 32401 US		Mailing Address 3610 W. 17TH STREET PANAMA CITY, FL 32401 US		US .	LADDINGS DIX DENI		ALDIN BIRM BADIN BIRM BIRIN BI	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232008 C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-654321	4	├	Applied For Not Applicable
Zip Country		Zip Coi		untry	5. Certificate of St	atus Desired	See Requir	
	6. Name and Address of Curre	nt Registered Agent		1	7. Name and Add	ress of New R	egistered Agent	
PURL, KIMBERLY A 2605 MICHIGAN AVE				Name Joseph A. Purl Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY, FL 32405				2605 WichigAN WE				
				City PAN	AMA City		FL Zip Co	405
	named entity submits this statement tions of registered agent.	for the purpose of chan	ging its register	red office or regis	stered agent, or both, in	the State of Flo	orida. I am familiar witi	n, and accept
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SIGNATURE	. Signatured typed or printed name of registered ag	, , ,	EPH A. (NOTE: Register	PurL red Agent signatur req	PAG-60 R- juired when reinstating)	<u>.</u>	1/30/08 DATE	·
	Signature typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008	ent and title if applicable.		Financing	packs Rule when reinstating) \$5.00 May Be Added to Fees	E .	DATE SALE SALE SALE SALE SALE SALE SALE SAL	
	Filling Fee is \$61.25	ent and title if applicable. 9. Elect Trust	(NOTE: Register	Financing ution.	\$5.00 May Be Added to Fees	Flor		State
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND	ent and title if applicable. 9. Elect Trust	NOTE: Register ion Campaign Fund Contribu	Financing stion.	\$5.00 May Be Added to Fees	Flor	ida Department of	State IN 10
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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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZiP

CHANGE WINDOWS DEPOSITIONALE OF RICHING OFFICER OF DIRECTOR

1/20/08

850.785.660G