

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90038 047 ****61.25

DOCUMENT # N00008

1. Entity Name

**FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLO
RIDA, INC.**



Principal Place of Business

Mailing Address

**3610 W. 17TH STREET
PANAMA CITY FL 32401
US**

**3610 W. 17TH STREET
PANAMA CITY FL 32401
US**

90005504



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6543214**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$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 NAME	T MCLAUGHLIN, MELANIE	<input type="checkbox"/> Delete
STREET ADDRESS	330 FLOYD DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	P PURL, JOSEPH A	<input type="checkbox"/> Delete
STREET ADDRESS	2605 MICHIGAN AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE NAME	TR DIETERLY, EARL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1108 IOWA	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	S COLEMAN, LYN	<input type="checkbox"/> Delete
STREET ADDRESS	2108 PENTLAND RD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	TR WHITE, RALPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2726 KINGS RD.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	TRUSTEE Harold Giersch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2325 HWY. 231	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE NAME	TRUSTEE MIRE PLEMMONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1309 DELAWARE AVE.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	SECRETARY / TRUSTEE LYN Coleman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2108 PENTLAND RD.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *R. P. Purl* Joseph Purl 1/7/03 860.763.4857

CR2E037 (10/02)