

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90019 043 \*\*\*\*61.25

**DOCUMENT # N02000004807**

1. Entity Name

**NEW LIFE MINISTRIES OF PANAMA CITY, INC.**



Principal Place of Business

Mailing Address

**308 NORTH EAST AVE.  
PANAMA CITY FL 32401**

**308 NORTH EAST AVE.  
PANAMA CITY FL 32401**

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BISHOP, JOHNNY R  
308 NORTH EAST AVE.  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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 **CEO** ☐ Delete

NAME **BISHOP, JOHNNY R**  
STREET ADDRESS **308 NORTH EAST AVE.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **PD** ☐ Delete

NAME **BISHOP, JOHNNY R**  
STREET ADDRESS **308 NORTH EAST AVE.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **TD** ☐ Delete

NAME **BISHOP, SUSAN A**  
STREET ADDRESS **308 NORTH EAST AVE.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **S** ☐ Delete

NAME **BISHOP, RUTHINYA**  
STREET ADDRESS **308 NORTH EAST AVE.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete

NAME **BISHOP, BEATRICE**  
STREET ADDRESS **121 N.E. AVE.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete

NAME **BISHOP, CORONA**  
STREET ADDRESS **6121 HARVEY ST.**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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:

*Johnnie R. Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)