

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009567

FILED
Oct 20, 2004
Secretary of State**Entity Name:** LIBERTY BAPTIST CHURCH OF PANAMA CITY, INC.**Current Principal Place of Business:**6218 WALLACE RD.
PANAMA CITY, FL 32404**New Principal Place of Business:****Current Mailing Address:**6218 WALLACE RD.
PANAMA CITY, FL 32404**New Mailing Address:****FEI Number:** 81-0622496 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MILNER, GLENN
6218 WALLACE RD.
PANAMA CITY, FL 32404 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MILNER, GLENN
Address: 6218 WALLACE RD.
City-St-Zip: PANAMA CITY, FL 32404**Title:** VD () Delete
Name: POLLARD, WILLIE
Address: 216 BEULAH AVE.
City-St-Zip: PANAMA CITY, FL 32404**Title:** SD () Delete
Name: MILNER, SHARON
Address: 6218 WALLACE RD.
City-St-Zip: PANAMA CITY, FL 32404**Title:** TD () Delete
Name: FLOWERS, TOM
Address: 2027 WILLOW BEND LANE
City-St-Zip: LYNN HAVEN, FL 32444**Title:** TD (X) Delete
Name: LEE, KIRT
Address: 4002 7TH CIRCLE
City-St-Zip: PANAMA CITY, FL 32404**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN MILNER

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date