2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N03000009567

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 ( )**

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 (X) Delete
Name: FLOWERS, TOM
Address: 2027 WILLOW BEND LANE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD/T (X) Change ( ) Addition
Name: MILNER, SHARON
Address: 6218 WALLACE RD.
City-St-Zip: PANAMA CITY, FL 32404

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 04/26/2005

Electronic Signature of Signing Officer or Director — Date