

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001096

FILED
Jan 06, 2009
Secretary of State

Entity Name: GREATER FAITH CHRISTIAN CENTER OF PANAMA CITY, INC.

Current Principal Place of Business:

2900 MINNESOTA AVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 1265
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 33-1128519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRIGSBY, WANDA S
1511 MINNESOTA AVE
LYNN YHAVEN, FL 32444 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: P () Delete
Name: BUTLER, WILSON C JR
Address: 120 HL SUDDUTH DR
City-St-Zip: PANAMA CITY, FL 32404

Title: V () Delete
Name: GRIGSBY, ANTHONY D
Address: 1511 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: BUTLER, DONITA A
Address: 120 H.L. SUDDUTH DR
City-St-Zip: PANAMA CITY, FL 32404

Title: T () Delete
Name: GRIGSBY, ANTHONY D
Address: 1511 MINNESOTA AVE
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: S (X) Change () Addition
Name: BROWN, SHELAENA
Address: 144 BYRD DRIVE
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 exemption stated 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 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: ANTHONY D GRIGSBY

TREA

01/06/2009

Electronic Signature of Signing Officer or Director

Date