

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001096

**FILED**  
**Jan 29, 2011**  
**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  
**Name:** BUTLER, WILSON C JR  
**Address:** 120 HL SUDDUTH DR  
**City-St-Zip:** PANAMA CITY, FL 32404

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

**Title:** S  
**Name:** BROWN, SHELAENA  
**Address:** 144 BYRD DRIVE  
**City-St-Zip:** PANAMA CITY, FL 32404

**Title:** T  
**Name:** GRIGSBY, ANTHONY D  
**Address:** 1511 MINNESOTA AVE  
**City-St-Zip:** LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY D GRIGSBY

T

01/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date