




APPROVED  
AND  
FILED

07 NOV -2 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-6.07



<b>DOCUMENT # N07675</b>						FILED	
1. Entity Name <b>GRACE PRESBYTERIAN CHURCH OF PANAMA CITY, INC.</b>						07 NOV -2 PM 4:04	
Principal Place of Business 1415 AIRPORT RD. PANAMA CITY, FL 32405		Mailing Address 1415 AIRPORT RD. PANAMA CITY, FL 32405				SECRETARY OF STATE TALLAHASSEE, FLORIDA 11-6-07	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10222007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2473715		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COX, DONALD W 2406 RUTH HENTZ AVE PANAMA CITY, FL 32405				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD TRAPPE, O. STAN 3307 HARBOUR PLACE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300112140353 11/09/07--01004--012 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FRASER, LINDA LEE 1034 BARRACUDA DRIVE PANAMA CITY, FL 32411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCQUAGGE, JAMES JR 75601 LILLY STREET PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7501 Lilly St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRYE, GLEN 1210 CONNECTICUT AVE. LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Grady McDaniel 2801 Country Club Dr. Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				11/01/2007		850-769-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	