


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # N07675	
1. Entity Name GRACE PRESBYTERIAN CHURCH OF PANAMA CITY, INC.	

Principal Place of Business 1415 AIRPORT RD. PANAMA CITY, FL 32405	Mailing Address 1415 AIRPORT RD. PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2473715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COX, DONALD W 2406 RUTH HENTZ AVE PANAMA CITY, FL 32405	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876002 04/11/08-80055-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAPPE, O. STAN 3307 HARBOUR PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FRASER, LINDA LEE 1034 BARRACUDA DRIVE PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCQUAGGE, JAMES JR 7501 LILLY STREET PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDANIEL, GRADY 2801 COUNTRY CLUB DR. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: *James McQuagge Jr.* **2/13/2008** **850-769-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #