

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90068 013 ****61.25

DOCUMENT # N11655

1. Entity Name

**ST. MICHAEL'S ANGLICAN CATHOLIC CHURCH OF
PANAMA CITY, FLORIDA, INC.**



Principal Place of Business

**711 VENETIAN WAY
PANAMA CITY FL 32405
US**

Mailing Address

**711 VENETIAN WAY
PANAMA CITY FL 32405
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2660725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOREHAND, JUNE T
909 NEW YORK AVE
LYNN HAVEN FL 32444**

**RUSSELL, JEAN
PO Box 9773
PANAMA CITY BEACH
FL 32417**

Name

Street Address (P.O. Box Number is Not Acceptable)

8501 N. LAGOON UNIT 312

City

PANAMA CITY BEACH

FL

Zip Code

32408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**D
KEITH, MARGIE
2684 FEROL LANE
LYNN HAVEN FL 32444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LLOYD, FRANCES
1020 BUENA VISTA BLVD
PANAMA CITY FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LLOYD, JACK
1020 BUENA VISTA BLVD
PANAMA CITY FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
RUSSELL, JEAN
8501 N LAGOON UNIT 312
PANAMA CITY BEACH FL 32408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANS, LINDA
134 DERBYWOODS DRIVE
LYNN HAVEN FL 32444** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THERESA SPITZER
6766 Highway 71 S.
BLUNTSTOWN FL 32424** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FOREHAND, JUNE D
909 NEW YORK AVE
LYNN HAVEN FL 32444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JEAN J. RUSSELL *JEAN J. RUSSELL, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Date

850-234-3433

Daytime Phone #