


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90057 001 ****61.25
03-06-2008 90057 002 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2660725	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUSSELL, JEAN J 8501 NORTH LAGOON UNIT 312 PANAMA CITY BEACH FL 32408				7. Name and Address of New Registered Agent	
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 re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	D WINDHAM, DAVID P DR <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	224 S DOVE LANE		NAME		
STREET ADDRESS	PANAMA CITY FL 32401		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS WARDEN SECRETARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLOYD, FRANCES		NAME		
STREET ADDRESS	1020 BUENA VISTA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE	DV WARDEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLOYD, JACK		NAME		
STREET ADDRESS	1020 BUENA ISTA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE	DT TREASURER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, JEAN		NAME		
STREET ADDRESS	8501 N LAGOON UNIT 312		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPITZER, THERESA A		NAME		
STREET ADDRESS	6766 HIGHWAY 71 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		CITY-ST-ZIP		
TITLE	DP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOREHAND, JUNE D		NAME		
STREET ADDRESS	909 NEW YORK AVE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeann Russell* *Jeann J Russell* *2/25/08* *880-234-3433*



1st MOORE CR2E037 (10/07)

Junior Warden
Penny Kent
805 Plantingdon Rd
Panama City, FL 32405
522-8429 (H)
866-5260 (C)