


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 022 ****61.25

DOCUMENT # N16092					
1. Entity Name GULF BEACH PRESBYTERIAN CHURCH OF PANAMA CITY BEACH, INC.					
Principal Place of Business GULF BEACH PRESBYTERIAN CHURCH 271 S. HIGHWAY 79 PANAMA CITY, FL 32413 US			Mailing Address GULF BEACH PRESBYTERIAN CHURCH 271 S HIGHWAY 79 PANAMA CITY, FL 32413 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2383759	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURKE, MICHAEL S 221 MCKENZIE AVENUE PANAMA CITY, FL 32401			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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASBROUCK, ROBERT		NAME		
STREET ADDRESS	292 SEABREEZE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARK, DOUGLAS A		NAME	D WILLIAMS, THOMAS R.	
STREET ADDRESS	P.O. BOX 27506, 229 MARLIN CIRCLE		STREET ADDRESS	P.O. BOX 27161, 1113 REDFISH CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324117506		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32411	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINLAYSON, CAROLYN P		NAME		
STREET ADDRESS	115 E LAKESHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENS, REBECCA A		NAME		
STREET ADDRESS	135 GRAND LAGOON SHORES DRIVE		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	KOEHLER, RICHARD J		NAME		
STREET ADDRESS	2930 SELMA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Robert Hasbrouck - Robert Hasbrouck</u> 2/6/06 850-231-9450					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					