


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 050 ****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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| | | 1st MOORE CR2E037 (10/06) | |
| | | 4. FEI Number 59-2383759 | |
| | | 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 | | 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 | Zip Code |
| | | FL | |

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 _____

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 HASBROUCK, ROBERT 292 SEABREEZE CIRCLE PANAMA CITY BEACH FL 32413 | TITLE | D GREENE, THOMAS W 530 SEABREEZE CIRCLE PANAMA CITY BEACH, FL 32413 |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D WILLIAMS, THOMAS R POB 27161, 1113 REDFISH CIR PANAMA CITY FL 32411 | TITLE | D REEDER, MARY 311 SUMMERWOOD DR. PANAMA CITY BEACH, FL 32413 |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | SE FINLAYSON, CAROLYN P 115 E LAKESHORE DR. 117 PANAMA CITY BEACH FL 32413 | TITLE | D TOMASZEWSKI, ED 226 ESCANABA AVE PANAMA CITY BEACH, FL 32413 |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D STEVENS, REBECCA A 135 GRAND LAGOON SHORES DRIVE PANAMA CITY BEACH FL 32408 | TITLE | D LAWSON, TOM 425 INDIAN WOMAN RD SANTA ROSA BEACH, FL 32459 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D KOEHLER, RICHARD J 2930 SELMA AVENUE PANAMA CITY FL 32405 | TITLE | D LOVE, RIBA 5307 GULF DRIVE PANAMA CITY BEACH, FL 32408 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | | TITLE | D EDDINS, NAN C. 4628 DELWOOD PARK BLVD PANAMA CITY BEACH, FL 32408 |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Robert Hasbrouck **ROBERT HASBROUCK** 4/8/07 850-234-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR