

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 019 ****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		4. FEI Number 59-2383759	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, MICHAEL S 221 MCKENZIE AVENUE PANAMA CITY, FL 32401				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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when re-registering)		DATE <u>4/13/08</u>	
Filing 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	T <input type="checkbox"/> Delete HASBROUCK, ROBERT STREET ADDRESS 292 SEABREEZE CIRCLE CITY-ST-ZIP PANAMA CITY BEACH, FL 32413		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete WILLIAMS, THOMAS R STREET ADDRESS POB 27161, 1113 REDFISH CIR CITY-ST-ZIP PANAMA CITY, FL 32411		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BAILEY, JOE STREET ADDRESS 304 BUENA VISTA AVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete FINLAYSON, CAROLYN P STREET ADDRESS 117 E LAKESHORE DR CITY-ST-ZIP PANAMA CITY BEACH, FL 32413		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete LAWSON, TOM STREET ADDRESS 425 INDIAN WOMAN DR CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete LOVE, RIBA STREET ADDRESS 5307 GULF DR CITY-ST-ZIP PANAMA CITY, FL 32408		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LOVE, REBA STREET ADDRESS 5307 GULF DR. CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete EDDINS, NAN C STREET ADDRESS 4628 DELWOOD PARK BVLD CITY-ST-ZIP PANAMA CITY, FL 32408		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GREENE, TOM STREET ADDRESS 530 SEABREEZE CIRCLE CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	
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><i>Robert Hasbrouck</i></u> ROBERT HASBROUCK			Date <u>4/13/08</u>		Daytime Phone # <u>850-231-9450</u>