

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90020 042 ****61.25

DOCUMENT # N25256

1. Entity Name

PANACEA FULL GOSPEL ASSEMBLY, INC.



Principal Place of Business

8 TAYLOR ST
PANACEA FL 32346

Mailing Address

PO BOX 465
PANACEA FL 32346
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 (10/05)

4. FEI Number

59-2890956

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

NICHOLS, CECIL
U.S. HIGHWAY 98, BOX 56
PANACEA FL 32346

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

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, 2006

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

TITLE PD ☐ Delete
NAME BARWICK, CHARLES E.
STREET ADDRESS P.O. BOX 465 N/A
CITY-ST-ZIP PANACEA FL

TITLE VD ☐ Delete
NAME NICHOLS, CECIL
STREET ADDRESS P.O. BOX 56 N/A
CITY-ST-ZIP PANACEA FL

TITLE D ☒ Delete
NAME NICHOLS, BESSIE
STREET ADDRESS OTTER LAKE ROAD
CITY-ST-ZIP PANACEA FL

TITLE S ☐ Delete
NAME BAYWICK, GLENDA
STREET ADDRESS 1394 COASTAL HWY
CITY-ST-ZIP PANACEA FL 32346

TITLE T ☐ Delete
NAME NICHOLS, LONA
STREET ADDRESS 1332 COASTAL HWY
CITY-ST-ZIP PANACEA FL 32346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Cecil Nichols - Cecil Nichols

March 2, 06 850-984-5736