FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37082** **(7)**

1. Corporation Name

ST. LUKE MISSIONARY BAPTIST CHURCH OF PANAMA CIT Y, INC.

Principal Place of Business	Mailing Address
1500 FOUNTAIN AVENUE PANAMA CITY FL 32405-3138	1500 FOUNTAIN AVENUE PANAMA CITY FL 32405-3138

3. Date Incorporated or Qualified: **03/13/1990**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2176293** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

NEWELL, WILLIAM H. JR.
1517 FRIENDSHIP AVENUE
PANAMA CITY FL 32405

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	CHAIRMAN	☐ Change ☒ Addition
NAME	WILSON, JAMES E		1.2 NAME	NEWELL, WILLIAM H. JR.	
STREET ADDRESS	1216 LOUISIISANA AVE.		1.3 STREET ADDRESS	1517 FRIENDSHIP AVE.	
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAIN, ROBERT E., SR.		2.2 NAME		
STREET ADDRESS	1606 LINCOLN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, RONNIE H.		3.2 NAME		
STREET ADDRESS	601 DAVID AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLINGER, WALTER J.		4.2 NAME		
STREET ADDRESS	2007 W. 16TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Newell Jr. WILLIAM H. NEWELL JR. 26 JAN 96 (904)234-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #