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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

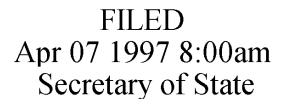
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N37082

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

Ρ	rincipa	! Plac€	e of	Business





Principa! Plac	ce 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 0	te of Last 1/31/19	Report 96
	Place of Business	2a. Mailing Address	,			4. FEI Number 59-2176293	·····	· · · · · ·	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition			
22	to.	27 Ch. 9 Chats							Required
City & Sta	100	City & State				Election Campaign Financing Trust Fund Contribution			O May Be of to Fees
Zıp	Country	Zıp	Cour	ntry		8. This corporation has liability for in		ax under	
24	25 25 9. Name and Address of Currer	29 29 Arent	[30]			Florida Statutes 10. Name and Address of New Regi		No	
	g, Haile and Address of Curter	II Hoğistorbü Ağelit		81	Name		istolog A	Aeru	
NEWELL	., WILLIAM H. JR.			82	Stroot	Address (P.O. Box Number is Not Acceptable	n\		
1517 FRIENDSHIP AVENUE					311861	Address (F.O. Box Number is Not Acceptable	3SS (P.O. BOX NUMBER IS NOT Acceptable)		
PANAMA	A CITY FL 32405 - 3141			83					
				84	City		FL	85 Zip	p Code
11 Pursuant	Lto the provisions of Sections 617.050	12 and 617 1508 Florida Statu	utes the ab		a-namer	corporation submits this statement for the pu		chanoino	ils registere
office or agent 1	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 617.0503, F	s authorized Florida Statu	l by lites	the cor s.	poration's board of directors. I hereby accept	the appo	intment E	is tegistered
SIGNATURE	Signature, typed or printed name of registered age	ant and little if applicable (NC	OTE: Registered	Age	nt signatur	e required when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	
TITLE	D	DELETE	1.1 111	LE		D		Change	e 🕍 Additio
NAME	WILSON, JAMES E		1,2 NAI			McDuffy, Henry L.			
STREET ADDRESS	1216 LOUISIISANA AVE. LYNN HAVEN FL					6913 Ross Dr.			
CHTY-ST-7IP TITLE	D D	DELETE	1.4 C/T 2.1 T/T/		1-212	Callaway, FL	 -	Change	e 🔲 Additio
NAME	CAIN, ROBERT E., SR.	~	2.2 NAI				•		
STREET ADDRESS	4000 111100111 115		2.3 STF	R £ ET	ADORESS				
CITY - ST - ZIP	PANAMA CITY FL		2.4 01	TY-\$	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TIT	LE				☐ Change	e 🔲 Additi
NAME	ADAMS, RONNIE H.		3.2 NA			1			
STREET ADDRESS	601 DAVID AVE SPRINGFIELD FL				ADDRESS	•			
CITY-ST-ZIP TITLE	D SPRINGFIELD FL	DELETE	3.4. CII 4.1 TITI		ST-ZIP			Change	e 🔲 Additi
NAME	HOLLINGER, WALTER J.		4. 2 NA				•		
STREET ADDRESS	AAAT MI JATIL AT		1		ADDRESS				
CITY - ST - ZIP	PANAMA CITY FL		4.4 CIT	Y-S	T-ZIP	j .			
TITLE	C	☐ DELETE	5.1 T(T)	LE				Change	e 🔲 Additio
NAME	NEWELL, WILLIAM H. JR		5.2 NAI						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL	DELETE	5.4 CIT	_	T-ZIP			Change	e Additi
TITLE		☐ DETEIF	6.1 TIT				l	mi cusube) A00KI
NAME CTREET ANNAESS			6.2 NA		AUDDEGG	1			
STREET ADDRESS					ADDRESS				
CITY - \$T - ZIP	<u> </u>		64 CIT	1.3	1-411	1		- 118 - 17	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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(904) 234-4811