

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37082

FILED
Apr 03, 2009
Secretary of State

Entity Name: ST. LUKE MISSIONARY BAPTIST CHURCH OF PANAMA CITY, INC.

Current Principal Place of Business:

1500 FOUNTAIN AVENUE
PANAMA CITY, FL 324053138

New Principal Place of Business:

Current Mailing Address:

1500 FOUNTAIN AVENUE
PANAMA CITY, FL 324053138

New Mailing Address:

FEI Number: 59-2176293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM H. JR.
1517 FRIENDSHIP AVENUE
PANAMA CITY, FL 324053141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, JAMES E
Address: 1216 LOUISIANA AVE.
City-St-Zip: LYNN HAVEN, FL

Title: D () Delete
Name: MCDUFFY, HENRY L
Address: 6913 ROSS DR
City-St-Zip: CALLAWAY, FL

Title: D () Delete
Name: ADAMS, RONNIE H.,
Address: 601 DAVID AVE
City-St-Zip: SPRINGFIELD, FL

Title: D () Delete
Name: HOLLINGER, WALTER J.,
Address: 2007 W. 16TH ST
City-St-Zip: PANAMA CITY, FL

Title: C () Delete
Name: NEWELL, WILLIAM H. JR
Address: 1517 FRIENDSHIP AVE.
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, JAMES E
Address: 1216 LOUISIANA AVE.
City-St-Zip: LYNN HAVEN, FL 32444 BA

Title: D (X) Change () Addition
Name: MCDUFFY, HENRY L
Address: 6913 ROSS DR
City-St-Zip: CALLAWAY, FL 32404 BA

Title: D (X) Change () Addition
Name: ADAMS, RONNIE H.,
Address: 601 DAVID AVE
City-St-Zip: SPRINGFIELD, FL 32404 BA

Title: D (X) Change () Addition
Name: SIMMONS, FINNIS
Address: 715 FLIGHT AVE.
City-St-Zip: PANAMA CITY, FL 32404 BA

Title: C (X) Change () Addition
Name: NEWELL, WILLIAM H. JR
Address: 1517 FRIENDSHIP AVE.
City-St-Zip: PANAMA CITY, FL 32405 BA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. NEWELL, JR.

CH

04/03/2009

Electronic Signature of Signing Officer or Director

Date