2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N44065

1. Entity Name
IMMANUEL BAPTIST CHURCH, PANAMA CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
216 COLLEGE AVE. PANAMA CITY, FL 32401	216 COLLEGE AVE. PANAMA CITY, FL 32401

02082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0945473
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAFFIELD, CONNIE D
216 COLLEGE AVENUE
PANAMA CITY, FL 32401

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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: Connie Raffield — Connie Raffield — 3-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	MAULDIN, CARLTON W
STREET ADDRESS	1400 TWIN PINES LN.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	MARTIN, WAYNE
STREET ADDRESS	2729 CANAL AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	FLEMING, JOE H
STREET ADDRESS	2215 E 9TH ST.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	CSC
NAME	RAFFIELD, CONNIE D
STREET ADDRESS	820 EVERITT AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	CLAGETT, RICHARD
STREET ADDRESS	509 N BOB LITTLE RD
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06 80057-019 61.25

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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: Connie Raffield — Connie Raffield — 3-3-06 — 850-785-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #