


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N44065 1. Entity Name IMMANUEL BAPTIST CHURCH, PANAMA CITY, FLORIDA, INC.	
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Principal Place of Business 216 COLLEGE AVE. PANAMA CITY, FL 32401	Mailing Address 216 COLLEGE AVE. PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0945473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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** 4-9-07
(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, 2007**

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

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

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04/19/07-80037-008 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** 4-9-07 850-785-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone