2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N44065

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

Current Principal Place of Business:

216 COLLEGE AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

216 COLLEGE AVE.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-0945473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFFIELD, CONNIE D
216 COLLEGE AVENUE
PANAMA CITY, FL 32401 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: MAULDIN, CARLTON W
Address: 1400 TWIN PINES LN.
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: MARTIN, WAYNE
Address: 2729 CANAL AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: FLEMING, JOE H
Address: 2215 E 9TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: CSC ( ) Delete
Name: RAFFIELD, CONNIE D
Address: 820 EVERITT AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: CLAGETT, RICHARD
Address: 509 N BOB LITTLE RD
City-St-Zip: PANAMA CITY, FL 32404

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: PRICE, JOHN
Address: 913 N. STAR AVE.
City-St-Zip: PANAMA CITY, FL 32404

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: CONNIE D. RAFFIELD CSC 03/31/2009

Electronic Signature of Signing Officer or Director — Date