

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N46248
 1. Entity Name
 COVE BAPTIST CHURCH OF PANAMA CITY, FLORIDA, INC.



Principal Place of Business Mailing Address
 100 N MACARTHUR AVE 100 N MACARTHUR AVE
 PANAMA CITY, FL 32401 PANAMA CITY, FL 32401



03212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-6018997 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BUTTS, RACHEL N
 403 E 4TH ST
 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 _____
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BUTTS, RACHEL N
STREET ADDRESS	403 E 4TH ST
CITY - ST - ZIP	PANAMA CITY, FL 32401
NAME	KEEN, NATHAN
STREET ADDRESS	620 FIRST COURT
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	CD
NAME	DANIELS, GEORGE
STREET ADDRESS	116 GAYLE AVE
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I 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 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: Rachel N Butts Rachel N. Butts 3/23/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #