

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2008 8:00 am
Secretary of State

01-31-2008 90027 024 ****61.25

DOCUMENT # N48265 1. Entity Name PARKWAY PRESBYTERIAN CHURCH (U.S.A.) OF PANAMA CITY, FLORIDA, INC.					
Principal Place of Business 505 S. TYNDALL PARKWAY PANAMA CITY, FL 32404			Mailing Address 505 S. TYNDALL PARKWAY PANAMA CITY, FL 32404		
2. Principal Place of Business - No P.O. Box # Suits, Apt. #, etc.		3. Mailing Address Suits, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1500927	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, ANDREW 505 S. TYNDALL PARKWAY PANAMA CITY, FL 32404				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Filing Fee is \$61.25 Due by May 1, 2008				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR BROWN, ED 3122 E 3RD ST PANAMA CITY, FL 32404	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Girvin 6216 Jaycee Dr Youngstown FL 32406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR GRIMES, BURL 4818 PARK ST. PANAMA CITY, FL 32404	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurers Andrew Jackson 4030 Deerpoint Lake Dr Southport FL 32409-5514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR SEGERS, WANDA 621 BAYWOOD DR LYNN HAVEN, FL 32444	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Albert Borovich 107 Howard Ct Panama City FL 32404-8809
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:

Andrew R Jackson