

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90043 031 ****61.25

DOCUMENT # N93000004098					
1. Entity Name ST. ANDREWS PRESBYTERIAN CHURCH OF PANAMA CITY, FLORIDA, INC.					
Principal Place of Business 3007 W. 14TH ST. PANAMA CITY, FL 32401			Mailing Address 3007 W. 14TH ST. PANAMA CITY, FL 32401 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0916769	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STA PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ROSE STALLINS 1017 OXFORD DR PANAMA CITY, FL 32405 P/T	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSSON, ROBIN 2416 MICHIGAN AVE PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARY BEVIS-SCHMIDT 1112 W 12TH ST PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, JAMES 519 OAK CT. PANAMA CITY, FL 32404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXIE RETHERFORD 2900 W 17TH ST PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMAN, LENORA 1025 WEST 19TH ST 3-A PANAMA CITY, FL 32405		MORE ON NEXT PAGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLEMAS, JOHN R 718 BUNKERS COVE RD. PANAMA CITY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELMS, GRANT 1052 ARDUIRS DR. PANAMA CITY, FL 32401		3-14-05 850-871-6678		
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 <i>James C Dean</i> JAMES C DEAN					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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ATTACHMENT

PAGE 2
USED to add
DIRECTORS
#2002/320

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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-0916769			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	STA PRIESTER, FRANCIS	4420 FLETCHER ST	PANAMA CITY, FL 32405	<input type="checkbox"/>	
	VP COSSON, ROBIN	2416 MICHIGAN AVE	PANAMA CITY, FL 32405	<input type="checkbox"/>	
	P DEAN, JAMES	519 OAK CT.	PANAMA CITY, FL 32404	<input type="checkbox"/>	
	HOLMAN, LENORA	1025 WEST 19TH ST 3-A	PANAMA CITY, FL 32405	<input type="checkbox"/>	
	MIDDLEMAS, JOHN R	718 BUNKERS COVE RD	PANAMA CITY, FL	<input type="checkbox"/>	
	T HELMS, GRANT	1052 ARDUIRS DR.	PANAMA CITY, FL 32401	<input type="checkbox"/>	
11. NEW ADDITIONS AND DELETIONS DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D PATSY MOATES	2709 BRIARCLIFF RD	PANAMA CITY, FL 32405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D NORMAN FRAIZER	1403 W 10TH ST	PANAMA CITY, FL 32401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D GARETH MAJORS	1307 CINCINNATI AVE	PANAMA CITY, FL 32401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D JUCY GEREN	1519 MULBERRY AVE	PANAMA CITY, FL 32405	<input type="checkbox"/>	<input type="checkbox"/>
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					