


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90001 013 \*\*\*\*61.25

<b>DOCUMENT # N93000004098</b> 1. Entity Name <b>ST. ANDREWS PRESBYTERIAN CHURCH OF PANAMA CITY, FLORIDA, INC.</b>					
Principal Place of Business <b>3007 W. 14TH ST. PANAMA CITY, FL 32401</b>			Mailing Address <b>3007 W. 14TH ST. PANAMA CITY, FL 32401 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405</b>				7. Name and Address of New Registered Agent Name <b>ROSE Stallins</b> Street Address (P.O. Box Number is Not Acceptable) <b>1017 OXFORD DR</b> City <b>PANAMA CITY</b> FL Zip Code <b>32405</b>	
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 <b>Rose Stallins</b> DATE <b>2-20-06</b> <small>Signature by hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALLINS, ROSE 1017 OXFORD DR PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S plus STA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEC + STATED AGENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DEAN, JAMES 519 OAK CT. PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLMAN, LENORA 1025 WEST 19TH ST 3-A PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVIS-SCHMIDT, MARY 1112 W 12TH ST PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETHELSON, DIXIE 2900 W 17TH ST PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jimmy Whisenant <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 763 So Longwood CR PANAMA CITY 32405	
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: <b>James C. Dean</b> <b>JAMES C. DEAN</b> <b>2-19-06</b> <b>850-871-3923</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

PAGE 2

ADD Directors  
60020664



DOCUMENT # N93000004098			
1. Entity Name ST. ANDREWS PRESBYTERIAN CHURCH OF PANAMA CITY, FLORIDA, INC.		Mailing Address 3007 W. 14TH ST. PANAMA CITY, FL 32401 US	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02192006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-0916769		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		7. Name and Address of New Registered Agent	
PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405 <i>SEE PAGE 1</i>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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Make check payable to Florida Department of State			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIESTER, FRANCIS 4420 FLETCHER ST PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATSY MOATES 2709 BRIANCLIFF PANAMA CITY 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALLINS, ROSE 1017 OXFORD DR PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN FRAISER 1403 W. 10TH ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT DEAN, JAMES 516 OAK CT. PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZ GREN 1519 HULBERRY AVE PANAMA CITY 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H HOLMAN, LENORA 1028 WEST 10TH ST 3-A PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVIS-SCHMIDT, MARY 1112 W 12TH ST PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETHELSON, DIXIE 2900 W 17TH ST PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: <i>James C Dean</i> JAMES C DEAN		2-19-06 850-871-3973	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	