

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90186 005 \*\*\*\*61.25

<b>DOCUMENT # N93000004098</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-0916769	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
STALLINS, ROSE 1017 OXFORD DR PANAMA CITY, FL 32405			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> PRIESTER, FRANCIS <b>STREET ADDRESS</b> 4420 FLETCHER ST <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> John Robert Middlemas <b>STREET ADDRESS</b> 1718 Bunkers Cove Rd <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STALLINS, ROSE <b>STREET ADDRESS</b> 1017 OXFORD DR <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Doug Clark <b>STREET ADDRESS</b> PO BOX 27506 <b>CITY-ST-ZIP</b> Bay Point, FL 32411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME DEAN, JAMES <b>STREET ADDRESS</b> 519 OAK CT. <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		<b>TITLE</b> NAME Waldo Wallace <b>STREET ADDRESS</b> 1311 Cincinnati Ave <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME HOLMAN, LENORA <b>STREET ADDRESS</b> 1025 WEST 19TH ST 3-A <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME Kathleen Kirchen <b>STREET ADDRESS</b> 644 Florida Ave # B <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME BEVIS-SCHMIDT, MARY <b>STREET ADDRESS</b> 1112 W 12TH ST <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME WHISENANT, JIMMY <b>STREET ADDRESS</b> 1163 S LONGWOOD CR <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		<b>TITLE</b> NAME  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>James C. Dean</i>			<b>JAMES C. DEAN</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4-26-07 <small>Daytime Phone #</small> 850-871-3973		