

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90025 005 ****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 - No P.O. Box #		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"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STALLINS, ROSE 1017 OXFORD DR 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE MIDDLEMAS, JOHN ROBERT 718 BUNKENS COVE RD PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION D - Director		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE STALLINS, ROSE 1017 OXFORD DR PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION S/A SEC/AGENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE PT DEAN, JAMES 519 OAK CT. PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D - Director DIKIE BETHESDA 2900 W. 17TH ST PANAMA CITY FL 32405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D CLARK, DOUG PO BOX 27506 BAY POINT, FL 32411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D - Director KATHLEEN KIRCHEN 644 FLORIAN AVE UNIT 13 PANAMA CITY FL 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE V WALLACE, WALDO 1311 CINCINNATI AVE PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D - Director LEO NELSON 1818 MAINE AVE LYNN HAVEN FL 32444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE WHISENANT, JIMMY 1163 S LONGWOOD CR PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION V - VICE PRESIDENT 763 S. Longwood Cir		
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: <u>James C Dean</u> JAMES C. DEAN 1-20-08 850-871-6678					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					