2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004098

FILED Jan 05, 2009 Secretary of State

Entity Name: ST. ANDREWS PRESBYTERIAN CHURCH OF PANAMA CITY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 3007 W. 14TH ST. PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 3007 W. 14TH ST. PANAMA CITY, FL 32401 US FEI Number: 59-0916769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STALLINS, ROSE 1017 OXFÓRD DR PANAMA CITY, FL 32405 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MIDDLEMAS, JOHN ROBERT KIRCHER, KATHLEEN Name: Name: 718 BUNKENS COVE RD Address: 644 FLORIDA AVE U-B Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401 Title: () Delete Title: () Change () Addition STALLINS, ROSE Name: Name: Address: 1017 OXFORD DR Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: () Change () Addition DEAN, JAMES Name: Name: Address: 519 OAK CT. Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: D () Delete Title: (X) Change () Addition CLARK, DOUG Name: Name: CLARK, DAPHNE Address: PO BOX 27506 Address: PO BOX 27506 City-St-Zip: BAY POINT, FL 32411 City-St-Zip: BAY POINT, FL 32411 Title: () Delete Title: (X) Change () Addition NELSON, LEO MARTIN, CHUCK Name: Name: 1818 MAINE AVE 1377 BUTTERFIELD DRIVE Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: CHIPLEY, FL 32428 Title: () Delete Title: () Change () Addition WHISENANT, JIMMY Name: Name: Address: 763 S LONGWOOD CIR Address: PANAMA CITY, FL 32405 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C DEAN P/T 01/05/2009