FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004354 (7)

1. Corporation Name
METROPOLITAN COMMUNITY CHURCH OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
1139 EVERITT AVE. PANAMA CITY FL 32401	1139 EVERITT AVE. PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3239813 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HENKLE, MARGARET
312 HAMILTON AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	GASHLIN, THOMAS	1.2 NAME	Gashlin, Thomas	
STREET ADDRESS	606 BAY AVE.	1.3 STREET ADDRESS	12327 Hwy 77	
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	Southport FL 32409	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	COX, REGINA	2.2 NAME		
STREET ADDRESS	312 HAMILTON AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32410	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	DEAN, FRANK	3.2 NAME	P. Dietrich Palmer	
STREET ADDRESS	225 N. MACARTHER AVE.	3.3 STREET ADDRESS	1135 West St	
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	Panama City, FL 32404	
TITLE	DS	4.1 TITLE	DS	☑ Change ☐ Addition
NAME	TUNNELL, ROY	4.2 NAME	James E. Cilek	
STREET ADDRESS	4600 W. 19TH CT.	4.3 STREET ADDRESS	2175 Frankfort Ave A-202	
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	Panama City FL 32405	
TITLE	D	5.1 TITLE	D ~~Margaret Henkle~~	☑ Change ☐ Addition
NAME	HENKLE, MARGARET	5.2 NAME	Margaret Henkle	
STREET ADDRESS	312 HAMILTON AVE.	5.3 STREET ADDRESS	834 Magnolia Ave	
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP	Panama City FL 32401	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	COOK, MICHAEL	6.2 NAME	Robert Doyle	
STREET ADDRESS	225 N. MACARTHER AVE.	6.3 STREET ADDRESS	1025 W. 19th St. Unit 3-B	
CITY-ST-ZIP	PANAMA CITY FL 32401	6.4 CITY-ST-ZIP	Panama City FL 32405	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-15-95 904-784-4851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000443