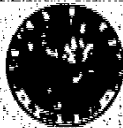


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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, IN  
C.

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. FBI Number

59-3239813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENKLE, MARGARET  
312 HAMILTON AVE.  
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GASHLIN, THOMAS  
STREET ADDRESS 608 BAY AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

1.1 TITLE DP  
1.2 NAME Gashlin, Thomas  
1.3 STREET ADDRESS 12327 Hwy 77  
1.4 CITY-ST-ZIP Southport FL 32409  
☒ Change ☐ Addition

TITLE DV  
NAME COX, REGINA  
STREET ADDRESS 312 HAMILTON AVE.  
CITY-ST-ZIP PANAMA CITY FL 32410

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE DT  
NAME DEAN, FRANK  
STREET ADDRESS 225 N. MACARTHER AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

3.1 TITLE DT  
3.2 NAME P. Dietrich Palmer  
3.3 STREET ADDRESS 1135 West St  
3.4 CITY-ST-ZIP Panama City, FL 32404  
☒ Change ☐ Addition

TITLE DS  
NAME TUNNELL, ROY  
STREET ADDRESS 4800 W. 19TH CT.  
CITY-ST-ZIP PANAMA CITY FL 32405

4.1 TITLE DS  
4.2 NAME James E. Cilek  
4.3 STREET ADDRESS 2175 Frankfort Ave A-202  
4.4 CITY-ST-ZIP Panama City FL 32405  
☒ Change ☐ Addition

TITLE D  
NAME HENKLE, MARGARET  
STREET ADDRESS 312 HAMILTON AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

5.1 TITLE D Margaret Henkle  
5.2 NAME Margaret Henkle  
5.3 STREET ADDRESS 834 Magnolia Ave  
5.4 CITY-ST-ZIP Panama City FL 32401  
☒ Change ☐ Addition

TITLE D  
NAME COOK, MICHAEL  
STREET ADDRESS 225 N. MACARTHER AVE.  
CITY-ST-ZIP PANAMA CITY FL 32401

6.1 TITLE D  
6.2 NAME Robert Doyle  
6.3 STREET ADDRESS 1025 W. 19th St. Unit 3-B  
6.4 CITY-ST-ZIP Panama City FL 32405  
☐ Change ☐ Addition

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 110.07(3)(b), 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:

*Robert Doyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95

Date

904-784-4851

Telephone #