

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-30-2002 90037 045 ****61.25

DOCUMENT # N95000004143

1. Entity Name

FAMILY OF GOD MINISTRIES OF PANAMA CITY, INC.

Principal Place of Business

Mailing Address

1601 LIENBY, SUITE E
PANAMA CITY FL 324051601 LIENBY, SUITE E
PANAMA CITY FL 32405

2. Principal Place of Business

623 Kraft Ave

3. Mailing Address

623 Kraft Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

59-3318600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASHLIN, THOMAS A
12327 HIGHWAY 77
SOUTHPORT FL 32409

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.

SIGNATURE

Rev. Thomas A. Gashlin, Pres. *Rev. Thomas A. Gashlin* 1-14-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GASHLIN, THOMAS A	
STREET ADDRESS	12327 HIGHWAY 77	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREGGO, WANDA C	
STREET ADDRESS	300 LINDA AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CILEK, JAMES E	
STREET ADDRESS	2175 FRANKFORD AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reisman, Michael D	
STREET ADDRESS	12327 Hwy 77	
CITY-ST-ZIP	Southport FL 32409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rev. Thomas A. Gashlin 1-14-02 850-265-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)