


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004143	
1. Entity Name FAMILY OF GOD MINISTRIES OF PANAMA CITY, INC.	

Principal Place of Business 623 KRAFT AVE PANAMA CITY, FL 32401	Mailing Address 623 KRAFT AVE PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE

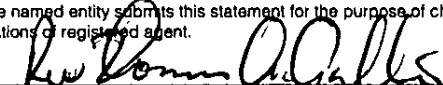


04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3318600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GASHLIN, THOMAS A 12327 HIGHWAY 77 SOUTHPORT, FL 32409
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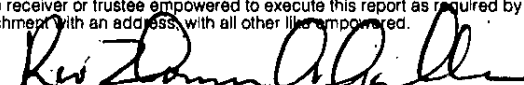
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4-10-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASHLIN, THOMAS A 12327 HIGHWAY 77 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REISMAN, MICHAEL D 12327 HWY 77 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CILEK, JAMES E 2175 FRANKFORD AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80128-011 61.25

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-10-07 Daytime Phone # 850-265-3911