


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004143</b>	
1. Entity Name <b>FAMILY OF GOD MINISTRIES OF PANAMA CITY, INC.</b>	

Principal Place of Business <b>623 KRAFT AVE PANAMA CITY, FL 32401</b>	Mailing Address <b>623 KRAFT AVE PANAMA CITY, FL 32401</b>
-------------------------------------------------------------------------------	-------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**GASHLIN, THOMAS A  
12327 HIGHWAY 77  
SOUTHPORT, FL 32409**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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	

U00000864980  
04/07/08-80009-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Thomas A. Gashlin **Thomas A. Gashlin** 3/18/08 850-265-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #