

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004791

1. Entity Name  
ABUNDANT LIFE MINISTRIES OF PANAMA CITY  
FLORIDA, INC.



Principal Place of Business  
7018 HWY 2301  
PANAMA CITY, FL 32404

Mailing Address  
P.O. BOX 15392  
PANAMA CITY, FL 32406

FILED

04 JUL -7 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(page 1 of 2)



2. Principal Place of Business

3. Mailing Address

P.O. Box 4095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06272004 Chg-NP

CR2E037 (10/03)

City & State

City & State  
PANAMA CITY FL

4. FEI Number  
59-3581271

Applied For

Not Applicable

Zip

Country

Zip

Country

32401

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

GREENBECK, CATHERINE  
1807 MINNESOTA AVE  
LYNN HAVEN, FL 32444

Name  
GREGGO, WANDA

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

2803 W. 17th ST.

City  
PANAMA CITY

FL

Zip Code  
32405

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

*Wanda Greggo*, Rev. Wanda Greggo

200038915442  
07/09/04--01912--001--\*61.25  
June 29, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GREENBEACK, CATHERINE |  |
| STREET ADDRESS | 1807 MINNESOTA AVE    |  |
| CITY-ST-ZIP    | LYNN HAVEN, FL 32444  |  |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GREENBECK, PAMELA     |  |
| STREET ADDRESS | 1807 MINNESOTA AVE    |  |
| CITY-ST-ZIP    | LYNN HAVEN, FL 32444  |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, TERRY       |  |
| STREET ADDRESS | P O BOX 15392         |  |
| CITY-ST-ZIP    | PANAMA CITY, FL 32406 |  |
| 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    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P/D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GREGGO, WANDA        |  |
| STREET ADDRESS | 2803 W. 17th ST      |  |
| CITY-ST-ZIP    | PANAMA CITY FL 32405 |  |
| TITLE          | V/D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LUCKIE, TERRY        |  |
| STREET ADDRESS | 13340 TIMBERCREST RD |  |
| CITY-ST-ZIP    | FOUNTAIN FL 32438    |  |
| TITLE          | T/D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOSE, LINDA          |  |
| STREET ADDRESS | 114 S. MCARTHUR AVE. |  |
| CITY-ST-ZIP    | PANAMA CITY FL 32401 |  |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LUCKIE, SANDRA       |  |
| STREET ADDRESS | 13340 TIMBERCREST RD |  |
| CITY-ST-ZIP    | FOUNTAIN FL 32438    |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILLIAMS, TERRY      |  |
| STREET ADDRESS | 3907 PETERS DR       |  |
| CITY-ST-ZIP    | PANAMA CITY FL 32405 |  |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SAYK, LYNDA          |  |
| STREET ADDRESS | 2803 W. 17th ST.     |  |
| CITY-ST-ZIP    | PANAMA CITY FL 32405 |  |

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:

*Wanda Greggo*, Rev. Wanda Greggo June 29, 2004

850-259-9719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE PD  
NAME GREENBEACK, CATHERINE  
STREET ADDRESS 1807 MINNESOTA AVE  
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE VD  
NAME GREENBECK, PAMELA  
STREET ADDRESS 1807 MINNESOTA AVE  
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE TD  
NAME WILLIAMS, TERRY  
STREET ADDRESS P O BOX 15392  
CITY-ST-ZIP PANAMA CITY, FL 32406 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME ROSENBERGER, LYNN  
STREET ADDRESS 7305 MILLER RD  
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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