

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000009484

**FILED**  
**Aug 27, 2019**  
**Secretary of State**  
**0945652583CR**

**Entity Name:** BAY COUNTY INTERDENOMINATIONAL MINISTERIAL ALLIANCE INC

**Current Principal Place of Business:**

501 E. 16TH STREET  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

501 E. 16TH STREET  
LYNN HAVEN, FL 32444 US

**FEI Number: 77-0636451**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WRIGHT, RUSSELL A  
5209 E. 11TH STREET  
PANAMA CITY, FL 32404 US

*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: RUSSELL ALLEN WRIGHT SR**

**08/27/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           RUSS, JAMES E  
Address        4906 BARRETT WAY  
City-State-Zip: PANAMA CITY FL 32404

Title           VP  
Name           YOUNG, A L  
Address        406 LANDINGS DRIVE  
City-State-Zip: LYNN HAVEN FL 32444

Title           SECRETARY/TREASURER  
Name           WILLIAMS, JEROME  
Address        501 EAST 16TH ST  
City-State-Zip: LYNN HAVEN FL 32444

Title           CHAP  
Name           YOUNG, ALDREDGE  
Address        406 LANDINGS DR  
City-State-Zip: LYNN HAVEN FL 32444

Title           DEAN  
Name           WOOD, RUFUS L.  
Address        3100 E. 11TH STREET  
City-State-Zip: PANAMA CITY FL 32401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES E. RUSS**

**PRESIDENT**

**08/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date