

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741668

1. Entity Name

ST. ANDREW BAY CENTER, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90108 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1804 CAROLINA AVE.  
P.O. BOX 1320  
LYNN HAVEN FL 32444

1804 CAROLINA AVE.  
P.O. BOX 1320  
LYNN HAVEN FL 32444-6120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0951529

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

DAVIS, VIRIGNIA W.  
1804 CAROLINA AVE.  
LYNN HAVEN FL 32444

Name

Pearce, R. Jan

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

1804 Carolina Ave.

City

Lynn Haven

FL

Zip Code  
32444

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

*R. Jan Pearce*

R. Jan Pearce, Interim Executive Director 04/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. 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 ☐ Delete  
NAME D  
STREET ADDRESS GOBAT, CHARLES (BILL)  
CITY-ST-ZIP 4439 VISTA LANE  
LYNN HAVEN FL 32444

TITLE ☒ Change ☐ Addition  
NAME P/D  
STREET ADDRESS Davis, Hannah  
CITY-ST-ZIP 2895 Tupelo Drive  
Panama City, FL 32405

TITLE ☐ Delete  
NAME P  
STREET ADDRESS POWELL, DAVID  
CITY-ST-ZIP 1320 OHIO AVE  
LYNN HAVEN FL 32444

TITLE ☒ Change ☐ Addition  
NAME VP/D  
STREET ADDRESS Gobat, Charles (Bill)  
CITY-ST-ZIP 4439 Vista Lane  
Lynn Haven, FL 32444

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS FILIPPI, RICH  
CITY-ST-ZIP 810 FLORIDA AVENUE  
LYNN HAVEN FL 32444

TITLE ☒ Change ☐ Addition  
NAME T/D  
STREET ADDRESS Powell, David  
CITY-ST-ZIP 1302 Ohio Ave.  
Lynn Haven, FL 32444

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HUGHES, CAROLYN  
CITY-ST-ZIP 3025 FAWN ROAD  
PANAMA CITY FL 32409

TITLE ☒ Change ☐ Addition  
NAME S/D  
STREET ADDRESS Filippi, Rich  
CITY-ST-ZIP 810 Florida Ave.  
Lynn Haven, FL 32444

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DAVIS, HANNAH  
CITY-ST-ZIP 2895 TUPELO DRIVE  
PANAMA CITY FL 32405

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Flowers, Kim  
CITY-ST-ZIP 4300 Highway 2300  
Southport, FL 32409

TITLE ☒ Delete  
NAME T  
STREET ADDRESS ARMSTRONG, REX  
CITY-ST-ZIP 1244 COLLEGEWOOD DRIVE  
LYNN HAVEN FL 32444

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Gamble, Sharon  
CITY-ST-ZIP 1022 Clemson Circle  
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:

*Charles Gobat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Gobat

Date

Daytime Phone #

4/27/00 (850) 265-3174

CR2E037 (9/99)

ST. ANDREW BAY CENTER, INC.  
 United Way Affiliate #66  
 TELEPHONE (850) 265-2183 • FAX (850) 265-9732  
 POST OFFICE BOX 1320 • LYNN HAVEN, FLORIDA 32444

#741668  
 A0057805

11. continued

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, NANCY 845 JENKS AVENUE PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RANDALL 1404 LINCOLN AVENUE PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEDGER, DENNIS 1013 NORTH BAY DRIVE LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, REBECCA 12305 COUNTRY CLUB DRIVE PANAMA CITY, FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADCLIFF, ROBERT 902 JOAN LANE PANAMA CITY, FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDLOFF, STEVE 2901 WEST 23 <sup>RD</sup> STREET PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAD, ROGER 1011 ALABAMA AVENUE LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DIANE 1022 WEST 23 <sup>RD</sup> STREET PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition