

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741668

1. Entity Name

ST. ANDREW BAY CENTER, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0951529

Applied For

Not Applicable

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

PEARCE, R. JAN
1804 CAROLINA AVE.
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOBAT, CHARLES (Bill)
4439 VISTA LANE
LYNN HAVEN FL 32444 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STEWART, DIANE
1022 W. 23rd ST., P.O. BX 59950
PANAMA CITY FL 32412 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RUDLOFF, STEVE
2901 W. 23rd ST.
PANAMA CITY FL 32405 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JONES, NANCY
845 JENKS AVE.
PANAMA CITY FL 32401 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASHBROOK, JOSEPH
2424 JENKS AVE.
PANAMA CITY FL 32405 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAMBLE, SHARON
1022 CLEMSON CIR
PANAMA CITY FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLOWAY, J.B.
3421 N. HWY 77
PANAMA CITY FL 32405 ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment
St. Andrew Bay Center, Inc.

United Way Affiliate
Post Office Box 1320
Lynn Haven, Florida 32444
(850) 265-2951

B0093902
741668

11. continued

ADDITIONS/CHANGES TO OFFERS AND DIRECTORS IN #10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JORDAN, JEAN		
STREET ADDRESS	725 N. TYNDALL PKWY		
CITY-ST-ZIP	PANAMA CITY, FL 32404		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEWIS, RANDALL		
STREET ADDRESS	1404 LINCOLN AVE		
CITY-ST-ZIP	PANAMA CITY, FL 32401		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MacARTHUR, MIKE		
STREET ADDRESS	7500 SHADOW BAY DR		
CITY-ST-ZIP	PANAMA CITY, FL 32404		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POTTS, REBECCA		
STREET ADDRESS	12305 COUNTRY CLUB DR		
CITY-ST-ZIP	PANAMA CITY, FL 32404		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RADCLIFF, ROBERT		
STREET ADDRESS	902 JOAN LANE		
CITY-ST-ZIP	PANAMA CITY, FL 32404		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SARAB, MIKE		
STREET ADDRESS	4300 HWY 2300, P.O. BX 1210		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHAD, ROGER		
STREET ADDRESS	1011 ALABAMA AVE		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SERIAN, MIKE		
STREET ADDRESS	2567 HUNTCLIFF LANE		
CITY-ST-ZIP	PANAMA CITY, FL 32405		

Discovering Abilities



Building Opportunities

Adult Day Program
(850) 265-2183

The Placement Network
(850) 747-9316