

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750163**

1. Corporation Name

**COOK MEMORIAL BAPTIST CHURCH, INC.**

Principal Place of Business

**4102 HIGHWAY 390  
LYNN HAVEN FL 32444**

Mailing Address

**4102 HIGHWAY 390  
LYNN HAVEN FL 32444**

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90166 021 \*\*\*\*61.25

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2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**12/12/1979**

4. FEI Number

**59-1961780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HALL, BROWARD  
4800 BAYWOOD DR.  
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent

81 Name

**Monte Cooper**

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

**2907 Kings Harbour Road**

83

84 City

**Panama City**

**FL**

**85** Zip Code  
**32405**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**2/26/99**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**CAMP, CHARLES E  
P O BOX 310  
VERNON FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**MCCORMACK, EUGENE L  
2630 FEROL LN  
LYNN HAVEN FL 32444**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**HALLMAN, E. B.  
1220 MAIN AVENUE  
LYNN HAVEN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**HALL, BROWARD  
4800 BAYWOOD DR  
LYNN HAVEN, FL 00000**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**GRAVES, CRAIG  
5601 JULIE DRIVE  
PANAMA CITY FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**T**

**COOPER, MONTE  
2907 KINGS HARBOUR ROAD  
PANAMA CITY FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Dean, Scott**

**2704 Woodmere Drive  
Panama City, FL 32405**

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Downs, Frank**

**1802 New Jersey Avenue  
Lynn Haven, FL 32444**

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Williamson, Jim**

**2709 Ravenwood Court  
Lynn Haven, FL 32444**

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Monte Cooper**

**2/26/99**

**850 265-2166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)