

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90061 033 \*\*\*\*61.25

**DOCUMENT # N00000005525**

1. Entity Name

**BAY COUNTY CHRISTIAN ACTIVITIES ASSOCIATION, INC**

Principal Place of Business

205 HAMILTON AVENUE  
 PANAMA CITY FL 32401

Mailing Address

205 HAMILTON AVENUE  
 PANAMA CITY FL 32401

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

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARNER, TIMOTHY M**  
**221 MCKENZIE AVENUE**  
**PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

**TIMOTHY M. WARNER**

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

**442 BRACE AVENUE**

City

**PANAMA CITY FL**

Zip Code

**32401**

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

*Timothy M. Warner*  
 Signature, typed or printed name of registered agent and title, if applicable  
**timothy m. warner**

(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

TITLE **D** ☐ Delete  
 NAME **BARNES, BRIAN**  
 STREET ADDRESS **1015 NEW YORK AVENUE**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D** ☐ Delete  
 NAME **REDAELLI, ALDO**  
 STREET ADDRESS **2008 ARTHUR AVENUE**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete  
 NAME **MALLARY, MICHAEL**  
 STREET ADDRESS **121 N. MARIE DRIVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete  
 NAME **TINKLENBERG, JAY**  
 STREET ADDRESS **733 BAYWOOD DRIVE**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Brian E. Barnes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brian E. Barnes**

Date

Daytime Phone #

CR2E037 (10/00)