2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90179 041 ****61.25

DOCUMENT # N04482

1. Entity Name

JENKS AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
3332 JENKS AVE. PANAMA CITY FL 32405 US	P.O. BOX 1516 LYNN HAVEN FL 32444-6316 US

C0025760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3332 Jenks Ave. Suite, Apt. #, etc.
City & State	City & State: Panama City, FL
Zip / Country	Zip: 32405 / Country: US

4. FEI Number: 59-2270658 ☐ 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
REECE, JACK E. 202 HARBOUR POINTE DRIVE LYNN HAVEN FL 32444	Name Street Address (P.O. Box Number is Not Acceptable): 1503 Connecticut Avenue 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.

AGent DID NOT CHANGE - only His Address change

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD PIPPIN, M.C. 5408 WHITNEY DR. PANAMA CITY FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCKEAND, DALE 114 CANDLEWICK CR PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLSOMBAKE, JIM 201 TIMBER LANE PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALHOUN, PAUL 1800 MASSACHUSETTS AVE. LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACKUS, ROBERT 1800 NEW JERSEY LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BURLESON, HAYES H. 107 TIMBER LANE PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 REQUIRED Hayes H. Burleson 2/16/00 (850) 763-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #