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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90028 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33272**

1. Corporation Name  
**BAPTIST CHRISTIAN SERVICE CENTER, INC.**

Principal Place of Business P.O. BOX 3806 PANAMA CITY FL 32401-0806	Mailing Address P.O. BOX 3806 PANAMA CITY FL 32401-0806
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21 Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 07/13/1989
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4 FEI Number 59-1404691
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
		6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  ANDLER, VADA L. 123 KRAFT AVE PANAMA CITY FL 32401	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FLEMING, W B	1.1 TITLE	PD
NAME	FLEMING, W B	1.2 NAME	Whitman, Travis
STREET ADDRESS	218 W BALDWIN RD	1.3 STREET ADDRESS	2202 Edgewood Drive
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	VD	2.1 TITLE	VD
NAME	FUSSELL, LEWIS W	2.2 NAME	Trevillian, John
STREET ADDRESS	2421 E 16TH ST	2.3 STREET ADDRESS	942 Katherine Avenue
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32404
TITLE	STD	3.1 TITLE	TD
NAME	FLEMING, ROMA	3.2 NAME	Robinson, Clarence
STREET ADDRESS	218 W BALDWIN RD	3.3 STREET ADDRESS	147 Grande Island Blvd.
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE		4.1 TITLE	SD
NAME		4.2 NAME	Michaelis, Karen
STREET ADDRESS		4.3 STREET ADDRESS	227 S. Charlene Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Panama City, FL 32404
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Travis Whitman **SIGNATURE REQUIRED** 2-9-99 (850) 769-8892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)