


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90005 026 \*\*\*\*61.25

**DOCUMENT # N33272**

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



Principal Place of Business  
**123 FRAFT AVE.  
 PANAMA CITY, FL 32401-0806**

Mailing Address  
**P.O. BOX 3806  
 PANAMA CITY, FL 32401-0806**

**54064411**



2. Principal Place of Business  
 Suite, Apt. #, etc. **N/A**  
 City & State **N/A**  
 Zip **N/A** Country **N/A**

3. Mailing Address  
 Suite, Apt. #, etc. **N/A**  
 City & State **N/A**  
 Zip **N/A** Country **N/A**

07072004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1404691** Applied For  Not Applicable

5. Certificate of Status Desired **N/A** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDLER, VADA L.  
 123 KRAFT AVE  
 PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent  
 Name **N/A**  
 Street Address (P.O. Box Number is Not Acceptable) **N/A**  
 City **N/A** State **FL** Zip Code **N/A**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A** (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees Trust Fund Contribution.

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITMAN, TRAVIS	
STREET ADDRESS	2202 EDGEWOOD DR	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TREVILLIAN, JOHN	
STREET ADDRESS	942 KATHERINE AVE	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, CLARENCE	
STREET ADDRESS	147 GRANDE ISLAND BLVD	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAELIS, KAREN	
STREET ADDRESS	227 S. CHARLENE DR	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	

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:** *Vada L. Andler, Director* Vada L. Andler, Director 7-20-04 (850)763-8892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #