FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N38631

(0)

CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC.

Principal Place of Business Mailing Address						1191 01011 01011 01011 01011		
645 GRACE A PANAMA CITY		PANAMA CI	645 GRACE AVE PANAMA CITY FL 32401 US					
US		US				 Date Incorporated or Qualified 05/24/1990 	3a. Date of Last 05/01/1	
2. Principal Pla	ace of Business	2a. Mailing Ad	ddress			4. FEI Number	+	Applied For
21			Suite, Apt. #, etc.			59-3055905	Not Applicable \$8.75 Additional	
Suite, Apt. #	t, etc.	27	t. #, etc.			Certificate of Status Desired	1 1	Required
City & State		City & Sta	ate	·		6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	ļ	Country		8. This corporation has liability for in		. 199.032,
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 29	<u> </u>	:o 		Florida Statutes L 10. Name and Address of New Re	Yes X No	
	9. Name and Address of Curre	nt Registered Age	<u> </u>	81	Name	10. Name and Address of New York	giatorea Agent	
	1001 FRIMED A ID					/O.O. Co. Nhavia Net Acquatchi		
	NSON, EDWARD A., JR.		82 Street Ad			Address (P.O. Box Number is Not Acceptable	8)	
	Kenzie avenue N City Fl			B3				
T PAINTANIP	CONTRE			84	City		85 Zi	ıp Code
					_		FL T	
or register	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change v	vas authorized i	the above- by the corp	named cor oration's t	rporation submits this statement for the purpoper of directors. I hereby accept the appopriate the properties of the purpoper	oose of changing its intment as registered	registered office d agent. I am
SIGNATURE							DATE	
	Signature, typed or printed name of registered age	nt and title if applicable. ND DIRECTORS	(NOTE: I	Registered Ager	nt signature re	quired when reinstating! ADDITIONS/CHANGES TO OFFI		ORS IN 12
12.	C/P		DELETÉ	1.1 TITLE		C/PD	Change	Addition
NAME	CHARLES WEATHERSBY	4 20	•	1.2 NAME	ļ	WILLIAM COOPER		
STREET ADDRESS	2130 TURKEY RUN			1.3 STREET	ADDRESS	1206 TYNDALL DR		
CITY-ST-ZIP	LYNN HAVENY FL 32444			1.4 CITY - S	ST - ZIP	PANAMA CITY FL 324	01	
TITLE	VD		DELETE	2.1 TITLE			Change	☐ Addition
NAME	SHARP, MICHAEL			2.2 NAME				
STREET ADDRESS	1310 CALABRIA RD			2 3 STREE	r address			
CITY-ST-ZIP	PANAMA CITY FL		NOTI ETT	2 4 CITY-	ST-ZIP	STD	K Change	Addition
TITLE	STD	<u>v.</u>	DELETE	3 1 TITLE		EDITH KIRKLAND	A criange	
NAME	FARRARM, SUZANNE			3.2 NAME	T ADDRESS	2816 W 27TH ST		
STREET ADDRESS	815 BRANDEIS AVE			3.4. CITY-	1	PANAMA CITY FL 324	0.1	
CITY-ST-ZIP TITLE	PANAMA CITY FL		DELETE	4.1 TITLE	31-21	211111111111111111111111111111111111111	Change	☐ Addition
NAME		_		4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 DITY-	ST-ZIP			
TITLE]DELETE	5.1 TITLE			☐ Change	Addition
NAME				52 NAME				
STREET ADDRESS				53 STREE	T ADDRESS			
CITY-ST-ZIP			Inc. ext	5.4 CITY-	ST-ZIP		[] Channa	☐ Addition
TITLE		L]DELETE	6.1 TITLE			☐ Change	☐ MODITION
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP	y certify that the information supplier	d with this filing is w	oluntarily furnish	6 4 CITY - ned and do	es not que	lify for the exemption stated in Section 119.	07(3)(k), Florida State	utes. I further
						curate and that my signature shall have the e this report as required by Chapter 617, Fi		

SIGNATURE:

Michael Sharp,

4/60/96

Daytime Phone #

RZE037 (12/95)