FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

NAMÉ STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

101

CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC. Principal Place of Business Mailing Address 645 GRACE AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401-2619											
US		US				 Date Incorporated or Qualified 05/24/1990 	3a.	Date of Last 04/16/19	Report 96		
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEt Number 59-3055905			Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required		
City & Stat	e	City & State					6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country 25	Z ip 29	30 Cou	intry	i			Yes	🔀 No	s. 199.032,	
	9. Name and Address of Curre	ent Registered Agent					Name and Address of New F	legistere	d Agent		
HUTCHINSON, EDWARD A., JR. 221 MCKENZIE AVENUE				81 82		Address	(P.O. Box Number is Not Accept	able)			
PANAMA CITY FL				83 84						Code	
office or ragent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Statum familiar with, and accept the obli-	gations of, Section 617,0503, F	lorida Stat	utes	5.		is board of directors. I hereby acc	ept the a		s registered	
12.		ND DIRECTORS	13.		A4 0 9 12 0 10 10	1043	ADDITIONS/CHANGES TO OFF			RS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD WILLIAM COOPER 1206 TYNDALL DR. PANAMA CITY FL	☐ DELETE	1	NME Treet	ADDRESS				Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARP, MICHAEL 1310 CALABRIA RD PANAMA CITY FL	DELETE	2.1 Ti 2.2 N/ 2.3 ST	TLE Ame Reet	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDITH KIRKLAND 2816 W. 27TH ST. PANAMA CITY FL	DELETE	3.1 TI 3 2 NA 3.3 S1	ILE AME REET	ADDRESS 51 - ZIP	8 1 5	RAR, SUZANNE BRANDETS AVE		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TI 4.2 N	TLE AME REET	ADDRESS	- * A }	AMA CITY; Fl. 32	! 4U5 -	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TIT 5.2 NA	ILE IME REET	ADDRESS				☐ Change	Addition	
TITLE		DELETE	6.1 TII	_	1 - 20			····	☐ Change	Addition	

14. I do hereby certify that the information supplied with this fijing 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the council are not the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 11 I i ha god, or be an attachment with an activess.

6.4 CITY-ST-ZIP