

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90150 037 ****61.25

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DOCUMENT # N38631

1. Corporation Name

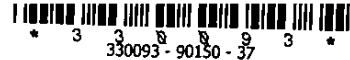
CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC.

Principal Place of Business

645 GRACE AVE
PANAMA CITY FL 32401
US

Mailing Address

645 GRACE AVE
PANAMA CITY FL 32401
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/24/1990

4. FEI Number

59-3055905

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUTCHINSON, EDWARD A., JR.
221 MCKENZIE AVENUE
PANAMA CITY FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME COOPER, WILLIAM
STREET ADDRESS 1206 TYNDALL DR
CITY-ST-ZIP PANAMA CITY FL 32401
☒ DELETE

TITLE CD
NAME SHARP, MICHAEL
STREET ADDRESS 1310 CALABRIA RD
CITY-ST-ZIP PANAMA CITY FL 32405
☒ DELETE

TITLE VD
NAME DAVIS, JOHN V
STREET ADDRESS 5311 ROBERT HOLMES DR
CITY-ST-ZIP PANAMA CITY FL 32404
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME BUCK, TIMOTHY
1.3 STREET ADDRESS 6415 WINONA, APT B
1.4 CITY-ST-ZIP PANAMA CITY, FL 32404
☐ Change ☒ Addition

2.1 TITLE VDC
2.2 NAME COCHRAN, SUE
2.3 STREET ADDRESS 3221 COUNTRY CLUB DR.
2.4 CITY-ST-ZIP LYNN HAVEN, FL 32444
☐ Change ☒ Addition

3.1 TITLE CD
3.2 NAME DAVIS, JOHN V
3.3 STREET ADDRESS 5311 ROBERT HOLMES DR.
3.4 CITY-ST-ZIP PANAMA CITY, FL 32404
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

9 Apr 99

Date

(850) 785-4283

Daytime Phone #

CR2E037 (11/98)