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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3055905
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, WILLIAM	
STREET ADDRESS	1206 TYNDALL DR	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SHARP, MICHAEL	
STREET ADDRESS	1310 CALABRIA RD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, JOHN V	
STREET ADDRESS	5311 ROBERT HOLMES DR	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUCK, TIMOTHY	
1.3 STREET ADDRESS	6415 WINONA, APT B	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
2.1 TITLE	VDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COCHRAN, SUE	
2.3 STREET ADDRESS	3221 COUNTRY CLUB DR.	
2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
3.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVIS, JOHN V	
3.3 STREET ADDRESS	5311 ROBERT HOLMES DR.	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature] **SIGNATURE REQUIRED** 9 Apr 99 (850) 785-4283
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)