

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38631

1. Entity 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 32401-2619
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3055905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD
NAME BUCK, TIMOTHY
STREET ADDRESS 6415 WINONA APT B
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE STD
NAME Buck, Timothy
STREET ADDRESS 818 Grace Avenue
CITY-ST-ZIP Panama City, FL 32401 ☒ Change ☐ Addition

TITLE VD
NAME COCHRAN, SUE
STREET ADDRESS 3221 COUNTRY CLUB DR
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

TITLE P/D
NAME Cochran, Sue
STREET ADDRESS 3221 Country Club Dr
CITY-ST-ZIP Lynn Haven, FL 32444 ☒ Change ☐ Addition

TITLE CD
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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/D
NAME Pritchard, Nancy
STREET ADDRESS 102 Harrison Place
CITY-ST-ZIP Panama City, FL 32405 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Timothy Buck* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000

Date

785-4283

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE