

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90042 007 ****61.25

DOCUMENT # N38631

1. Entity Name

CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

645 GRACE AVE
 PANAMA CITY FL 32401
 US

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

4. FEI Number

59-3055905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	BUCK, TIMOTHY	
STREET ADDRESS	6415 WINONA APT B	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COCHRAN, SUE	
STREET ADDRESS	3221 COUNTRY CLUB DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	CD	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buck, Timothy	
STREET ADDRESS	818 Grace Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cochran, Sue	
STREET ADDRESS	3221 Country Club Dr	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pritchard, Nancy	
STREET ADDRESS	102 Harrison Place	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)