## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

## FILED Mar 02, 2001 8:00 am <sup>§</sup> Secretary of State DOCUMENT # N38631 1. Entity Name CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC. 03-02-2001 90001 029 \*\*\*\*61 25 Principal Place of Business Mailing Address 645 GRACE AVE 645 GRACE AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address 703 Grace ( race Denue. *J*enue Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number lity & State 59-3055905 -lorida Not Applicable nama \$8.75 Additional 5. Certificate of Status Desired USA 2401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUTCHINSON, EDWARD A., JR. 221 MCKENZIE AVENUE PANAMA CITY FL Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. V/S/D STD ☐ Addition TITLE Change TITLE ☐ Delete **BUCK, TIMOTHY** NAME NAME Buck, Timothy STREET ADDRESS 818 GRACE AVE STREET ADDRESS 18 Grace Avenue Parama City, FL 32401 CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP PD Change Addition TITLE ☐ Delete TITLE Cochran, Sue Club Drive COCHRAN, SUE NAME 3221 COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS unn Haven, FL 32444 CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP VD Change Addition TITLE ☐ Delete TITLE PRITCHARD, NANCY NAME NAME Pritchard, Nancy 102 HARRISON PLACE STREET ADDRESS 102 Harrison Place STREET ADDRESS CITY-ST-ZIP Panama City, FL 32405 CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 path; 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