

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90001 029 \*\*\*\*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  
 US

2. Principal Place of Business

703 Grace Avenue

Suite, Apt. #, etc.

3. Mailing Address

703 Grace Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, Florida

City & State

Panama City, Florida

4. FEI Number

59-3055905

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32401

Country

USA

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: 818 GRACE AVE  
 CITY-ST-ZIP: PANAMA CITY FL 32401  
 Delete

TITLE: V/S/D  
 NAME: Buck, Timothy  
 STREET ADDRESS: 818 Grace Avenue  
 CITY-ST-ZIP: Panama City, FL 32401  
 Change  Addition

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

TITLE: D  
 NAME: Cochran, Sue  
 STREET ADDRESS: 3221 Country Club Drive  
 CITY-ST-ZIP: Lynn Haven, FL 32444  
 Change  Addition

TITLE: VD  
 NAME: PRITCHARD, NANCY  
 STREET ADDRESS: 102 HARRISON PLACE  
 CITY-ST-ZIP: PANAMA CITY FL 32405  
 Delete

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

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  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* **REQUIRE Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 26, 2001

Date

Daytime Phone #

CR2E037 (10/00)