

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90124 004 ****70.00

DOCUMENT # N38631

1. Entity Name

CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC.

Principal Place of Business

703 GRACE AVENUE
 PANAMA CITY FL 32401
 US

Mailing Address

703 GRACE AVENUE
 PANAMA CITY FL 32401
 US

2. Principal Place of Business

32 W 6th Street

Suite, Apt. #, etc.

3. Mailing Address

32 W 6th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

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

Name

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

City

FL

Zip Code

HUTCHINSON, EDWARD A., JR.
 221 MCKENZIE AVENUE
 PANAMA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

After September 13, 2002,
 min. will be \$236.25.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSD
 BUCK, TIMOTHY
 818 GRACE AVE
 PANAMA CITY FL 32401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 COCHRAN, SUE
 3221 COUNTRY CLUB DR
 LYNN HAVEN FL 32444

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 PRITCHARD, NANCY
 102 HARRISON PLACE
 PANAMA CITY FL 32405

☐ 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

MD
 Paul H. Eubanks
 1219 Marie Ann Blvd.
 Panama City, FL 32401

☐ 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:

Paul H. Eubanks
 PAUL H. EUBANKS
 MANAGING DIRECTOR

8-7-02

850-785-6146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)