

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

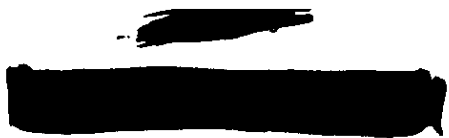
CHRISTIAN COUNSELING CENTER OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

703 GRACE AVENUE
 PANAMA CITY FL 32401
 US

703 GRACE AVENUE
 PANAMA CITY FL 32401
 US



DO NOT WRITE IN THIS SPACE

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

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. 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 re-registering)

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRAN, SUE 3221 COUNTRY CLUB DR LYNN HAVEN FL 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRITCHARD, NANCY 102 HARRISON PLACE PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Paul H. Eubanks 1219 Marie Ann Blvd. Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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
 Date: **8-7-02** Daytime Phone #: **850-785-6146**