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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N43203 (1)
1. Corporation Name
CHRISTIAN BAND OF BENEVOLENCE, INCORPORATED

Principal Place of Business

Mailing Address

916 MERCEDES AVENUE
PANAMA CITY FL 32401916 MERCEDES AVENUE
PANAMA CITY FL 32401-34793. Date Incorporated or Qualified
04/29/19913a. Date of Last Report
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

4. FEI Number
59-3114801Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLITE, ELLA SUE
916 MERCEDES AVENUE
PANAMA CITY FL 32401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WOOD, R.L.
STREET ADDRESS 1005 NORTH COVE BLVD.
CITY-ST-ZIP PANAMA CITY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BROOKS, AUDIE
STREET ADDRESS 915 ELM AVENUE
CITY-ST-ZIP PANAMA CITY FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME JACKSON, EDNA M.
STREET ADDRESS 1508 EAST BAY AVENUE
CITY-ST-ZIP BONIFAY FL 324253.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME POPE, JACOB
STREET ADDRESS 816 EAST 9TH COURT
CITY-ST-ZIP PANAMA CITY FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME MARRIE GAMMON
4.3 STREET ADDRESS 922 EAST 10TH CT
4.4 CITY-ST-ZIP PANAMA CITY FL 32401TITLE D ☐ DELETE
NAME SCOTT, NELLIE
STREET ADDRESS 720 HAMILTON AVENUE
CITY-ST-ZIP PANAMA CITY FL 324015.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME JOHNS, JAMES
STREET ADDRESS RTE1 BOX 179A
CITY-ST-ZIP CARYVILLE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELLA SUE POLITE REQUIRED Ella Sue Polite 2/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0009426

CR2E037 (9/96)