

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43203

1. Entity Name

CHRISTIAN BAND OF BENEVOLENCE, INCORPORATED

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90034 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

916 MERCEDES AVENUE  
PANAMA CITY FL 32401

916 MERCEDES AVENUE  
PANAMA CITY FL 32401-3479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3114801

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POLITE, ELLA SUE  
916 MERCEDES AVENUE  
PANAMA CITY FL 32401

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 PD ☐ Delete  
NAME WOOD, R.L.  
STREET ADDRESS 1005 NORTH COVE BLVD.  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BROOKS, AUDIE  
STREET ADDRESS 915 ELM AVENUE  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JACKSON, EDNA M.  
STREET ADDRESS 1508 EAST BAY AVENUE  
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GAMMON, MATTIE  
STREET ADDRESS 922 EAST 10TH COURT  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COWING, AUNDRAY  
STREET ADDRESS 1701 HAMILTON AVENUE APT. D-128  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME POPE, CARRIE  
STREET ADDRESS 817 EAST 8TH CT  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: *Audie L. Brooks* AUDIE L. BROOKS 1-29-2000, 850-785-4652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)