

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N43203**

1. Entity Name

**CHRISTIAN BAND OF BENEVOLENCE, INCORPORATED****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90118 008 \*\*\*\*61.25

0006810

Principal Place of Business

Mailing Address

**916 MERCEDES AVENUE  
PANAMA CITY FL 32401****916 MERCEDES AVENUE  
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3114801**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**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

**POLITE, ELLA SUE  
916 MERCEDES AVENUE  
PANAMA CITY FL 32401**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>PD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>WOOD, R.L.</b>								
		<b>1005 NORTH COVE BLVD.</b>							
		<b>PANAMA CITY FL</b>							
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>BROOKS, AUDIE</b>								
		<b>915 ELM AVENUE</b>							
		<b>PANAMA CITY FL</b>							
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>JACKSON, EDNA M.</b>								
		<b>1508 EAST BAY AVENUE</b>							
		<b>BONIFAY FL 32425</b>							
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>GAMMON, MATTIE</b>								
		<b>922 EAST 10TH COURT</b>							
		<b>PANAMA CITY FL</b>							
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>COWING, AUNDRAY</b>								
		<b>1701 HAMILTON AVENUE APT. D-128</b>							
		<b>PANAMA CITY FL 32405</b>							
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>POPE, CARRIE</b>								
		<b>817 EAST 8TH CT</b>							
		<b>PANAMA CITY FL 32401</b>							

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 Brooks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-7-02**  
Date**850-785-4652**  
Daytime Phone #

CR2E037 (9/01)