

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90030 021 ****61.25

DOCUMENT # N93000002292

1. Entity Name

BAY JEWISH COMMUNITY, INC.



Principal Place of Business

**1608 BAKER CT
PANAMA CITY FL 32401**

Mailing Address

**P.O. BOX 16556
PANAMA CITY FL 32406**

2. Principal Place of Business

1910 FRANKFORD AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

P

4. FEI Number **59-3151696**

Applied For

Not Applicable

Zip

32405

County

BAY

Zip

32405

Country

USA

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

6. Name and Address of Current Registered Agent

**GINGER, MIKE
110 PALM CROSSING BLVD
PANAMA CITY FL 32408**

7. Name and Address of New Registered Agent

Name **EUDELL GLASS**

Street Address (P.O. Box Number is Not Acceptable) **2412 STANFORD ROAD**

City **PANAMA CITY**

FL

Zip Code **32405**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **GINSBURG, SAMUEL**
STREET ADDRESS **5140 NORTH LAKEWOOD DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

P ☐ Delete
NAME **GINIGER, MIKE**
STREET ADDRESS **110 PALM CROSSING BLVD**
CITY-ST-ZIP **PANAMA CITY FL 32408**

T ☐ Delete
NAME **GLASS, EUDELL**
STREET ADDRESS **2412 STANFORD ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32405**

T ☐ Delete
NAME **DARREN, HARMAN**
STREET ADDRESS **PO BOX 15521**
CITY-ST-ZIP **PANAMA CITY FL 32406**

T ☐ Delete
NAME **STEPHEN, SICKERMAN**
STREET ADDRESS **200 DERBY WOODS DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIG/EUDELL GLASS (EUDELL GLASS)

1/6/03

850-528688

CR2E037 (10/02)