

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000638

1. Entity Name

BAY COUNTY MINISTERIAL ASSOCIATION, INC.

R

Principal Place of Business

P.O. BOX 15621
PANAMA CITY FL 32406-5621
US

Mailing Address

P.O. BOX 15621
PANAMA CITY FL 32406-5621
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

BALL, RON
213 CAROLYN AVENUE
PANAMA CITY BEACH FL 32407

Name HANKINS, JACK A.

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

614 MILLS LANE

City

PANAMA CITY

FL

Zip Code

32404

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

Jack A Hankins

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

After September 13, 2000 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 DP
NAME BALL, RON
STREET ADDRESS 213 CAROLYN AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

☐ Delete

TITLE DP
NAME JACK A. HANKINS
STREET ADDRESS 614 MILLS LANE
CITY-ST-ZIP PANAMA CITY, FL 32404

☒ Change ☐ Addition

TITLE DV
NAME GEORGE, GREGG
STREET ADDRESS 10690 HUTCHISON BLVD
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST
NAME PURL, KIM
STREET ADDRESS 3610 W 17TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jack A Hankins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2000 8716778

Date

Daytime Phone #

CP2E037 (5/00)

FILED
Aug 24, 2000 8:00 am
Secretary of State
08-24-2000 90001 026 ****61.25



DO NOT WRITE IN THIS SPACE