

# 2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000041

1. Entity Name

OPH-MYSTICS FOUNDATION OF BAY COUNTY, INC.

Principal Place of Business

JENKS AVENUE  
P.O. BOX 16293  
PANAMA CITY FL 32405

Mailing Address

JENKS AVENUE  
P.O. BOX 16293  
PANAMA CITY FL 32405

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

59-3298611

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

MIDDLETON, JAMES R  
2702 WOODMERE DR.  
PANAMA CITY FL 32405

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 MIDDLETON, JAMES R  
STREET ADDRESS 1316 POMPANO ROAD  
CITY-ST-ZIP PANAMA CITY FL 32411

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

TITLE VD ☐ Delete  
NAME CONRAD, TED H  
STREET ADDRESS 3701 TIPPECANOE LANE  
CITY-ST-ZIP SOUTHPORT-FL 32409

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

TITLE SD ☐ Delete  
NAME BOLEY, JEAN  
STREET ADDRESS 7502 OLD BICYCLE RD  
CITY-ST-ZIP CALLAWAY FL 32404

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

TITLE TD ☒ Delete  
NAME DRAKE, RUSSELL B  
STREET ADDRESS 153 LEGEND LAKES DR  
CITY-ST-ZIP PANAMA CITY FL 32411

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

TITLE VD ☐ Delete  
NAME PITTS, BILL  
STREET ADDRESS 4034 HOBBS ROAD  
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Kathy Matthe  
CITY-ST-ZIP 6319 Elm St  
Panama City, FL 32408

TITLE D ☒ Delete  
NAME BAESAL, DAVID  
STREET ADDRESS 100 CAMELOT CIR  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Change ☒ Addition  
NAME Neil Gray Director  
STREET ADDRESS 1301 Beck Ave NW 62  
CITY-ST-ZIP Panama city FL 32401

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90014 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)