

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2002 8:00 am**
Secretary of State

02-21-2002 90078 034 ****61.25

DOCUMENT # N97000000041

1. Entity Name

OPTH-MYSTICS FOUNDATION OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

**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 \$61.259. 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 **2702 Woodmere Dr.**
CITY-ST-ZIP **Panama City FL 32405**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-ZIPTITLE **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-ZIPTITLE **T** ☐ Delete
NAME **MATTKE, KATHY**
STREET ADDRESS **6319 ELMA ST**
CITY-ST-ZIP **PANAMA CITY FL 32408**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6319 Elm St**
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **PITTS, BILL**
STREET ADDRESS **4034 HOBBS ROAD**
CITY-ST-ZIP **SOUTHPORT FL 32409**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GRAY, NEIL**
STREET ADDRESS **1301 BECH AVE APPT 62**
CITY-ST-ZIP **PANAMA CITY FL 32401**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1402 New Hampshire Ave**
CITY-ST-ZIP **Lynn Haven FL 32405**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)