

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003213

1. Entity Name

BAY COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, IN

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90304 043 ****61.25

Principal Place of Business

Mailing Address

653 W. 23RD STREET. #198
PANAMA CITY FL 32405

653 W. 23RD STREET. #198
PANAMA CITY FL 32405-3922

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

59-3552468

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

STOPKA, ALBERT J III
108 MOSLEY DRIVE
PANAMA CITY FL 32444

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Sara M. Ross	1410 Beach Drive	Panama City FL 32401	<input type="checkbox"/>
Vice-President	William W. Byrd	528 Bunkers Cove Rd	Panama City, FL 32401	<input type="checkbox"/>
Treasurer	Jean R. Adams	5030 Park St.	Panama City, FL 32404	<input type="checkbox"/>
Secretary	Alisa W. James	1004 Jenks Avenue	Panama City, FL 32401	<input type="checkbox"/>
Director	Jerry A. Riddle	3625 Oakwood Court	Panama City Beach, FL 32408	<input type="checkbox"/>
Director	Hannah Stout	924 Florida Ave. #12	Panama City, FL 32401	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

JEAN R. ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

850-769-9491

Daytime Phone #

CR2E037 (9/99)