

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33272

Entity Name: BAPTIST CHRISTIAN SERVICE CENTER, INC.

Current Principal Place of Business:

123 KRAFT AVE.
PANAMA CITY, FL 32401-0806

Current Mailing Address:

P.O. BOX 35306
PANAMA CITY, FL 32412-5306 US

FEI Number: 59-1404691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, PATRICIA
123 KRAFT AVE
PANAMA CITY, FL 32401 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name TAYLOR, TERRY
Address 611 FREDERICK ST
City-State-Zip: PANAMA CITY FL 32405

Title VC, DIRECTOR
Name DRISKELL, BOBBY
Address 228 EDGEWOOD DR
City-State-Zip: PANAMA CITY FL 32405

Title SECRETARY, DIRECTOR
Name MICHAELIS, KAREN
Address 227 S. CHARLENE DR
City-State-Zip: PANAMA CITY FL 32404

Title TREASURER, DIRECTOR
Name MATHIS, CHARLES
Address 504 HOLLIS AVE
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name JOHNSON, JAMES
Address 10126 HIGHWAY 2301
City-State-Zip: YOUNGSTOWN FL 32466

Title DIRECTOR, ASST. TREASURER
Name BLAICK, VON
Address 608 WEST 7TH STREET
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR
Name TREVILLIAN, JOHN
Address 942 KATHERINE AVE.
City-State-Zip: PANAMA CITY FL 32404

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES MATHIS

TREASURER

03/01/2018

Electronic Signature of Signing Officer/Director Detail

Date