### DOCUMENT# N33272

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

### Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR	Title	VC, DIRECTOR
Name	TAYLOR, TERRY	Name	DRISKELL, BOBBY
Address	611 FREDERICK ST	Address	228 EDGEWOOD DR
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR
Name	MICHAELIS, KAREN	Name	MATHIS, CHARLES
Address	227 S. CHARLENE DR	Address	504 HOLLIS AVE
City-State-Zip:	PANAMA CITY FL 32404	City-State-Zip:	PANAMA CITY FL 32401
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR JOHNSON, JAMES	Title Name	DIRECTOR MILNER, GLENN
Name	JOHNSON, JAMES	Name	MILNER, GLENN 5609 LESTER LLANE
Name Address	JOHNSON, JAMES 10126 HIGHWAY 2301	Name Address	MILNER, GLENN 5609 LESTER LLANE
Name Address City-State-Zip:	JOHNSON, JAMES 10126 HIGHWAY 2301 YOUNGSTOWN FL 32466	Name Address City-State-Zip:	MILNER, GLENN 5609 LESTER LLANE PANAMA CITY FL 32404
Name Address City-State-Zip: Title	JOHNSON, JAMES 10126 HIGHWAY 2301 YOUNGSTOWN FL 32466 DIRECTOR	Name Address City-State-Zip: Title	MILNER, GLENN 5609 LESTER LLANE PANAMA CITY FL 32404 DIRECTOR

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

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date