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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90077 029 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728520**

1. Corporation Name  
**GIRLS INCORPORATED OF BAY COUNTY**

Principal Place of Business 1100 FOUNTAIN AVENUE PANAMA CITY FL 32401	Mailing Address 1100 FOUNTAIN AVENUE PANAMA CITY FL 32401
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 12/31/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7393003
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  NIESCHWITZ, DONNA K 1100 FOUNTAIN AVENUE PANAMA CITY FL 32401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input checked="" type="checkbox"/>	1.1 TITLE PE / D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME BELT, MARI		1.2 NAME MIKE CAZALAS	
STREET ADDRESS 3728 SMORELINE CIRCLE		1.3 STREET ADDRESS 1203 VENETIAN WAY	
CITY-ST-ZIP PANAMA CITY FL		1.4 CITY-ST-ZIP PANAMA CITY, FL 32401	
TITLE JD C/D	DELETE <input type="checkbox"/>	2.1 TITLE T/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME PERCIVAL, ANN		2.2 NAME CATHY DOLL	
STREET ADDRESS 322 BUNKERS COVE RD		2.3 STREET ADDRESS 7229 S. LAGOON DRIVE	
CITY-ST-ZIP PANAMA CITY FL 32401		2.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	
TITLE SD	DELETE <input checked="" type="checkbox"/>	3.1 TITLE VP / D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME SHERMAN, CLAIRE		3.2 NAME ERICA BECNAR	
STREET ADDRESS 402 CHERRY ST		3.3 STREET ADDRESS 427 S. PALM ALTO	
CITY-ST-ZIP PANAMA CITY FL 32401		3.4 CITY-ST-ZIP PANAMA CITY, FL 32401	
TITLE VPD	DELETE <input type="checkbox"/>	4.1 TITLE P/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME BOYD, CILLE		4.2 NAME CILLE BOYD	
STREET ADDRESS P O BOX 860		4.3 STREET ADDRESS 321 N. COVE BLVD.	
CITY-ST-ZIP PANAMA CITY FL 32401		4.4 CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE PD PP / D	DELETE <input type="checkbox"/>	5.1 TITLE C/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME HULGAN-CAMERON, MARY		5.2 NAME MARGARET WEBSTER	
STREET ADDRESS 2113 COUNTRY CLUB DR.		5.3 STREET ADDRESS 3182 WOODVALLEY DRIVE	
CITY-ST-ZIP LYNN HAVEN FL		5.4 CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE DPP	DELETE <input checked="" type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME MILLS, ANN BRASSEL		6.2 NAME	
STREET ADDRESS 499 PALERMO ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Kay Nieschwietz DATE: 3/16/99 (850) 769-6703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)