

2001 UNIFORM BUSINESS REPORT (UBR)

47

FILED
May 18, 2001 8:00 am
Secretary of State

04-23-2001 90216 013 ****61.25

DOCUMENT # 728520

1. Entity Name

GIRLS INCORPORATED OF BAY COUNTY

Principal Place of Business

Mailing Address

1100 FOUNTAIN AVENUE
 PANAMA CITY FL 32401

1100 FOUNTAIN AVENUE
 PANAMA CITY FL 32401

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

23-7393003

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

NIESCHWIEZ, DONNA K
1100 FOUNTAIN AVENUE
PANAMA CITY FL 32401

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

(SAME AS ABOVE)
DONNA KAY NIESCHWIEZ, EXECUTIVE DIRECTOR

4-16-01

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	PD CAZALAS, MIKE 1203 VENETIAN WAY PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOLL, CATHY 7229 S. LAGOON DRIVE PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRESIDENT ELECT BECVAR, ERICA -D 427 S PALO ALTO PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, CILLE 325 N. COVE BLVD PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD HULGAN-CAMERON, MARY 2113 COUNTRY CLUB DR. LYNN HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUSAN TULL - D 3246 COUNTRY CLUB ROAD LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARGARET WEBSTER -D 382 WOODVALLEY ROAD PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN BENTON, JR. -D 369 DELWOOD ROAD PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT ANN KRUE - PERCIVAL -D 392 BUNKERS COVE ROAD PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUBLIC RELATIONS CHAIR SUELA GRAHAM -D 1330 E. 15th STREET PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOMINATING CHAIR DAVE COLLINS -D 701 JENKS AVE. PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR20037 (10/00)

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: **Donna Kay Nieschwietz** **REQUIRED**

4-16-01

850-769-6703

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #