


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

4/

**DOCUMENT # 728520**

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



Principal Place of Business      Mailing Address  
**1100 FOUNTAIN AVENUE**      **1100 FOUNTAIN AVENUE**  
**PANAMA CITY FL 32401**      **PANAMA CITY FL 32401**

**55038955**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **23-7393003**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NIESCHWITZ, DONNA K**  
**1100 FOUNTAIN AVENUE**  
**PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>PR. PAST PRESIDENT - D</b>	<input type="checkbox"/> Delete
NAME <b>TULL, SUSAN</b>	
STREET ADDRESS <b>3248 COUNTRY CLUB ROAD</b>	
CITY-ST-ZIP <b>LYNN HAVEN FL 32444</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WEBSTER, MARGARET</b>	
STREET ADDRESS <b>3182 WOOD VALLEY ROAD</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32405</b>	
TITLE <b>PR. PRESIDENT - D</b>	<input type="checkbox"/> Delete
NAME <b>WALSINGHAM, SYLVIA</b>	
STREET ADDRESS <b>1001 COX GRADE ROAD</b>	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL 32407</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BENTON, JOHN JR</b>	
STREET ADDRESS <b>3609 DELWOOD ROAD</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32408</b>	
TITLE <b>PPD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SAN JUAN, DOTTIE</b>	
STREET ADDRESS <b>209 S. COVE TERRACE DRIVE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	
TITLE <b>PRCD. PRESIDENT Elect - D</b>	<input type="checkbox"/> Delete
NAME <b>HANCOCK, LAURA</b>	
STREET ADDRESS <b>120 N. ROWE AVENUE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>VICE - PRESIDENT - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VALERIE WADE</b>	
STREET ADDRESS <b>4021 MARY LOUISE DRIVE</b>	
CITY-ST-ZIP <b>PANAMA CITY, FL 32405</b>	
TITLE <b>TREASURER - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HENRY, BILL</b>	
STREET ADDRESS <b>603 SUMMER CIRCLE</b>	
CITY-ST-ZIP <b>PANAMA CITY, FL 32405</b>	
TITLE <b>PUBLIC RELATIONS CHAIR - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KRETZER, HEATHER</b>	
STREET ADDRESS <b>1728 ILLINOIS AVE.</b>	
CITY-ST-ZIP <b>LYNN HAVEN, FL 32444</b>	
TITLE <b>NOMINATING CHAIR - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERRELL, VICKI</b>	
STREET ADDRESS <b>3224 COUNTRY CLUB DR.</b>	
CITY-ST-ZIP <b>LYNN HAVEN, FL 32444</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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      **4/11/03**      **850-719-6703**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)