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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731455 (2)

1. Corporation Name
BAY COUNTY AUDOBON SOCIETY, INC.

Principal Place of Business Mailing Address
P.O. BOX 1182 PANAMA CITY FL 32402-1799 P.O. BOX 1182 PANAMA CITY FL 32402-1182



3. Date Incorporated or Qualified 12/23/1974 3a. Date of Last Report 05/21/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 51-0163793	Applied For Not Applicable
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 32402-1182 25	29 32402-1182 30		

9. Name and Address of Current Registered Agent

GERDE, JERRY W.
239 E. FOURTH ST.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PA Ron Houser
NAME	INGRAM, ANN	1.2 NAME	
STREET ADDRESS	12634 PIEREY RD.	1.3 STREET ADDRESS	1845 W. 24TH COURT
CITY-ST-ZIP	PANAMA CITY FL 32404	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD	2.1 TITLE	VO GUYNN CARTER
NAME	CUMMINGS, ROBERT	2.2 NAME	
STREET ADDRESS	421 N. STAR AVE.	2.3 STREET ADDRESS	2939 W. 30TH COURT
CITY-ST-ZIP	PANAMA CITY FL 32404	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	SD	3.1 TITLE	SD
NAME	CARTER, LYNN	3.2 NAME	NATALIE AMESBURY
STREET ADDRESS	2939 W 30TH CT	3.3 STREET ADDRESS	1115 EARL AVE
CITY-ST-ZIP	PANAMA CITY FL 32405	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	TD	4.1 TITLE	TD
NAME	ROBERTSON, JANET	4.2 NAME	RICHARD INGRAM
STREET ADDRESS	100 ALLEN AVE	4.3 STREET ADDRESS	12634 PIEREY ROAD
CITY-ST-ZIP	PANAMA CITY FL 32401	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D	5.1 TITLE	
NAME	HARBISON, CANDIS	5.2 NAME	
STREET ADDRESS	300 CHERRY ST. #2	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: *Richard Ingram* 1-10-97 (944)871-1736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008502

CR2E037 (9/96)