


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90028 011 \*\*\*\*\*61.25

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 # 731455**  
 1. Corporation Name  
**BAY COUNTY AUDOBON SOCIETY, INC.**

Principal Place of Business P.O. BOX 1182 PANAMA CITY FL 32402-1182 US	Mailing Address P.O. BOX 1182 PANAMA CITY FL 32402-1799
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/23/1974	4. FEI Number 51-0163793	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		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				10. Name and Address of New Registered Agent			
GERDE, JERRY W 239 E. FOURTH ST. PANAMA CITY FL 32401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSER, RON		1.2 NAME				
STREET ADDRESS	1845 W 24TH CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, GUYNN		2.2 NAME				
STREET ADDRESS	2939 W 30TH CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMESBURY, NATALIE		3.2 NAME				
STREET ADDRESS	1115 EARL AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARBISON, CANDIS		4.2 NAME				
STREET ADDRESS	120 E 2ND PL		4.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32401		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INGRAM, RICHARD		5.2 NAME				
STREET ADDRESS	12634 PIERCY RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32404		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Candis Harbison* **SIGNATURE REQUIRED** Director 1-9-99 (850) 872-8260  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)