

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90218 021 ****61.25

DOCUMENT # 731455

1. Entity Name

BAY COUNTY AUDOBON SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1182
 PANAMA CITY FL 32402-1182
 US

P.O. BOX 1182
 PANAMA CITY FL 32402-1182

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

51-0163793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERDE, JERRY W
239 E. FOURTH ST.
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

JOHN J. BENTON JR., Treasurer

4-6-00

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	D	<input type="checkbox"/> Delete
NAME	HOUSER, RON	
STREET ADDRESS	1845 W 24TH CT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, GUYNN	
STREET ADDRESS	2939 W 30TH CT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMESBURY, NATALIE	
STREET ADDRESS	1115 EARL AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARBISON, CANDIS	
STREET ADDRESS	120 E 2ND PL	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGRAM, RICHARD	
STREET ADDRESS	12634 PIERCY RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J BENTON JR.	
STREET ADDRESS	3609 DELWOOD DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN J BENTON JR.	
STREET ADDRESS	3609 DELWOOD DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	

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:

SIGNATURE RICHARD INGRAM

4-6-00

850 230 3099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)