# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:51

DOCUMENT # N19225 (4)

1. Corporation Name
BAY COUNTY COUNCIL FOR CHILDREN INC.

| Principal Place of Business | Mailing Address |
|---|---|
| SED NETWORK<br>P.O.BOX 820<br>PANAMA CITY FL 32402 | SED NETWORK<br>P.O.BOX 820<br>PANAMA CITY FL 32402 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1987
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2746051 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 SED NETWORK | 26 SED NETWORK |
| Suite, Apt. #, etc.<br>22 P. O. DRAWER 820 | Suite, Apt. #, etc.<br>27 P. O. DRAWER 820 |
| City & State<br>23 Panama City, FL | City & State<br>28 Panama City, FL |
| Zip / Country<br>24 32402 / 25 | Zip / Country<br>29 32402 / 30 Bay |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FYFE,ANN B.
500 WEST 11TH STREET
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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 | P | ☒ Change ☐ Addition |
| NAME | KITZEROW,JULIE M. | 1.2 NAME | CALOHAN, Claire | |
| STREET ADDRESS | 525 EAST 15TH STREET | 1.3 STREET ADDRESS | 1311 Balboa Ave | |
| CITY-ST-ZIP | PANAMA CITY FL | 1.4 CITY-ST-ZIP | Panama City FL 32401 | |
| TITLE | V | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | MILLER, JANET | 2.2 NAME | KITZEROW, Julie | |
| STREET ADDRESS | % 314 HARMON AVENUE | 2.3 STREET ADDRESS | 525 East 15th Street | |
| CITY-ST-ZIP | PANAMA CITY FL | 2.4 CITY-ST-ZIP | Panama City FL 32405 | |
| TITLE | S | 3.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | CALOHAN,CLAIRE | 3.2 NAME | TORRIBLE, Linda | |
| STREET ADDRESS | 1311 BALBOA AVE | 3.3 STREET ADDRESS | 1311 Balboa Ave | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | 3.4 CITY-ST-ZIP | Panama City FL 32401 | |
| TITLE | T | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FYFE ANN B. | 4.2 NAME | | |
| STREET ADDRESS | 500 WEST 11TH STREET | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BIGGINS,RICKY | 5.2 NAME | ELLISON, Paige | |
| STREET ADDRESS | 926 RADCLIFF RD | 5.3 STREET ADDRESS | 119 West 5th Street | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | 5.4 CITY-ST-ZIP | Panama City FL 32401 | |
| TITLE | D | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | SMOAK,PAM | 6.2 NAME | VERNON, Greg | |
| STREET ADDRESS | 621 BEACH DRIVE | 6.3 STREET ADDRESS | 1311 Balboa Ave | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | 6.4 CITY-ST-ZIP | Panama City FL 32401 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ann B. Fyfe 4/7/94 (904) 872-7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ann B. Fyfe
Treasurer

Q028497