

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N19225** (4)

1. Corporation Name

**BAY COUNTY COUNCIL FOR CHILDREN INC.**



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

3. Date Incorporated or Qualified

**02/12/1987**

4. FEI Number

**59-2746051**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 **Panama City, FL 32402-0794**

24 Zip

25 Country

29 **32402-0794**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAM FELLOWS  
5811 BOATRACE RD.  
PANAMA CITY FL 32405**

81 Name  
**Gwen Potter**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1602 Delaware Avenue**

83

84 City  
**Lynn Haven**

85 Zip Code  
**FL 32444**

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 *Gwen Potter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/4/98*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | <b>V</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DONLEY, BETTYE</b>           |                                            |
| STREET ADDRESS | <b>4415 COLLEGE STATION RD.</b> |                                            |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32404</b>     |                                            |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>S</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MORRIS, KATHRINE</b>     |                                            |
| STREET ADDRESS | <b>1311 BALBOA AVE</b>      |                                            |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32401</b> |                                            |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HESTER</b>               |                                            |
| STREET ADDRESS | <b>1037 ARBOURS DR.</b>     |                                            |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32401</b> |                                            |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>T</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FELLOWS, SAM</b>         |                                            |
| STREET ADDRESS | <b>5811 BOATRACE RD.</b>    |                                            |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32405</b> |                                            |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>STEPHENSON, GRETCHEN</b> |                                            |
| STREET ADDRESS | <b>P.O. BOX 586 N/A</b>     |                                            |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32402</b> |                                            |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>VERNON, GREG</b>         |                                            |
| STREET ADDRESS | <b>1311 BALBOA AVE</b>      |                                            |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32401</b> |                                            |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate; 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: *Amberlynn...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/98*

Date

*872-4726*

Daytime Phone # 0008477

CR2E037 (10/97)