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Jan 24 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 # N39383 (7)
1. Corporation Name
UNITARIAN-UNIVERSALIST FELLOWSHIP OF BAY COUNTY, INC.



Principal Place of Business: 1900 W 11TH STREET @ FLOWER AVENUE PANAMA CITY FL 32401 US
Mailing Address: PO BOX 15038 PANAMA CITY FL 32406-5038 US

3. Date Incorporated or Qualified: 07/24/1990
3a. Date of Last Report: 02/21/1996
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: MYERS, HARRETT 815 COLORADO AVENUE CAROL CIR LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, State (FL), and 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: Harriett E. Myers, President 01/18/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYERS, HARRIETT	
STREET ADDRESS	815 COLORADO AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, BRIAN	
STREET ADDRESS	1350 WILMONT	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRONIN, LOIS M	
STREET ADDRESS	RT 5 BOX 203 CAROL CIR	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARQUIS, ALYCE	
STREET ADDRESS	106 MARIN DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERTS, NANCY	
2.3 STREET ADDRESS	1218 MARIE ANNE BLVD	
2.4 CITY-ST-ZIP	PANAMA CITY FL 32401	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRONIN, DANIEL	
3.3 STREET ADDRESS	949 CAROL CT	
3.4 CITY-ST-ZIP	CHIPLEY FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: Daniel Cronin DANIEL A CRONIN 1-16-97 (904) 638-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000640

CR2E037 (9/96)