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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39383

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
US

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 07/24/1990 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | NOT-APPLICABLE |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 | 29 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing |
| | | <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 |
| MYERS, HARRITT 615 COLORADO AVENUE CAROL CIR LYNN HAVEN FL 32444 | 81 Name ROBERTS, NANCY 82 Street Address (P.O. Box Number is Not Acceptable) 1218 MARIE ANNE BLVD 83 84 City PANAMA CITY FL 85 Zip Code 32401 |

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 Nancy Roberts DATE January 14, 1999

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|-----------------------|
| TITLE | PD | 1.1 TITLE | PRESIDENT PD |
| NAME | MYERS, HARRITT | 1.2 NAME | ROBERTS, NANCY PD |
| STREET ADDRESS | 815 COLORADO AVENUE | 1.3 STREET ADDRESS | 1218 MARIE ANNE BLVD |
| CITY-ST-ZIP | LYNN HAVEN FL | 1.4 CITY-ST-ZIP | PANAMA CITY, FL 32401 |
| TITLE | VD | 2.1 TITLE | VICE PRESIDENT VD |
| NAME | ROBERTS, NANCY | 2.2 NAME | MYERS, HARRITT VD |
| STREET ADDRESS | 1218 MARIE ANNE BLVD | 2.3 STREET ADDRESS | 815 COLORADO AVENUE |
| CITY-ST-ZIP | PANAMA CITY FL | 2.4 CITY-ST-ZIP | LYNN HAVEN, FL 32444 |
| TITLE | TD | 3.1 TITLE | |
| NAME | CRONIN, DANIEL | 3.2 NAME | |
| STREET ADDRESS | 949 CAROL CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | SECRETARY SD |
| NAME | MARQUIS, ALYCE | 4.2 NAME | KELLOGG, CHERYL |
| STREET ADDRESS | 106 MARIN DRIVE | 4.3 STREET ADDRESS | 105 N. COVE TERR. |
| CITY-ST-ZIP | PANAMA CITY FL | 4.4 CITY-ST-ZIP | PANAMA CITY, FL 32401 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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)(b), 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: Daniel Cronin **REQUIRED F. CRONIN 1-14-99 (850) 235-1000** X 43.