

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N44680** (9)

1. Corporation Name  
**BAYS MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 2467 PANAMA CITY FL 32402 P.O. BOX 2467 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/14/1991</b>		3a. Date of Last Report <b>10/10/1994</b>	
4. FEI Number <b>59-3084656</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>		<b>\$68.75</b> Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 Zip Country
24	29 30

9. Name and Address of Current Registered Agent <b>NICHOLS, CHRISTINE 220 MCKENZIE AVENUE PANAMA CITY FL 32401</b>		10. Name and Address of Now Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PO
NAME	KYKER, LISA	1.2 NAME	Kyker, Lisa
STREET ADDRESS	2215 W. 33RD STREET	1.3 STREET ADDRESS	2215 W. 33rd St.
CITY-ST-ZIP	PANAMA CITY FL 32405	1.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	TD	2.1 TITLE	TD
NAME	NICHOLS, CHRISTINE	2.2 NAME	Nichols, Christine
STREET ADDRESS	734 BUNKERS COVE ROAD	2.3 STREET ADDRESS	734 Bunkers Cove Rd
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	VD	3.1 TITLE	VD
NAME	REISS, CHRISTINE	3.2 NAME	Reiss, Christine
STREET ADDRESS	304 MAGNOLIA AVENUE	3.3 STREET ADDRESS	304 Magnolia Avenue
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	SD	4.1 TITLE	SD
NAME	JOSEPH, LINDA	4.2 NAME	Joseph, Linda
STREET ADDRESS	464 SUDDUTH DRIVE	4.3 STREET ADDRESS	464 Sudduth Drive
CITY-ST-ZIP	PANAMA CITY FL 32401	4.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	ATD	5.1 TITLE	ATD
NAME	HEALY, LORA	5.2 NAME	Healey, Lora
STREET ADDRESS	507 PARKWOOD DRIVE	5.3 STREET ADDRESS	507 Parkwood Drive
CITY-ST-ZIP	PANAMA CITY FL 32405	5.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 11(b)(7)(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.

SIGNATURE: Christine C. Nichols Treasurer 4-29-95 (904) 785-7454

AD 5/12