

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/14/1991

3a. Date of Last Report
04/26/1995

21. Principal Place of Business
653 W. 23rd St.

2a. Mailing Address
653 W. 23rd St.

4. FEI Number
59-3084656

Applied For
 Not Applicable

22. Suite, Apt. #, etc.
102

27. Suite, Apt. #, etc.
102

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
Panama City, FL.

28. City & State
Panama City, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip
32405

25. Country
USA

29. Zip
32405

30. Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**NICHOLS, CHRISTINE
220 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81. Name **LORA HEALEY**
82. Street Address (P.O. Box Number is Not Acceptable)
507 Parkwood Dr.
83.
84. City **Panama City** **FL** 85. Zip Code **32405**

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 617.0502, Florida Statutes.

SIGNATURE *Lora Healey* **LORA HEALEY, Treasurer** **3/27/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KYKER, LISA	
STREET ADDRESS	2215 W. 33RD STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, CHRISTINE	
STREET ADDRESS	734 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REISS, CHRISTINE	
STREET ADDRESS	304 MAGNOLIA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOSEPH, LINDA	
STREET ADDRESS	484 SUDDUTH DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	HEALY, LORA	
STREET ADDRESS	507 PARKWOOD DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President = P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chris Reiss	
1.3 STREET ADDRESS	301 South Cove Ln.	
1.4 CITY-ST-ZIP	Panama City, FL 32401	
2.1 TITLE	Treasurer = T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lora Healey	
2.3 STREET ADDRESS	507 Parkwood Dr.	
2.4 CITY-ST-ZIP	Panama City, FL 32405	
3.1 TITLE	Vice Pres. = V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tina Nichols	
3.3 STREET ADDRESS	734 Bunkers Cove Rd.	
3.4 CITY-ST-ZIP	Panama City, FL 32401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fannie Fisher	
5.3 STREET ADDRESS	504 Parkwood Dr.	
5.4 CITY-ST-ZIP	Panama City, FL 32405	
6.1 TITLE	900001768899	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/04/96--01015--011	
6.3 STREET ADDRESS	***61.25	
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 119.07(3)(k), 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: *Lora Healey* **3/27/96 (904) 872 8280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)