

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 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 # 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 32402-2467

3. Date Incorporated or Qualified 08/14/1991 3a. Date of Last Report 04/03/1996

2. Principal Place of Business 2a. Mailing Address
21 26 653 W. 23rd Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 122
City & State City & State
23 Panama City 28 Panama City
Zip Country Zip Country
24 32405 25 Bay 29 32405 30 Bay

4. FEI Number 59-3084656 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 Max. Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HEALEY, LORA
507 PARKWOOD DR.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent
81 Name Fannie Fisher
82 Street Address (P.O. Box Number is Not Acceptable) 224 S. Cove Lane
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Tame Fisher 1-14-97 DATE

12. OFFICERS AND DIRECTORS
TITLE P REISS, CHRIS DELETED
NAME REISS, CHRIS
STREET ADDRESS 301 SOUTH COVE LN.
CITY-ST-ZIP PANAMA CITY FL 32401
TITLE T HEALEYS, LORA DELETED
NAME HEALEYS, LORA
STREET ADDRESS 507 PARKWOOD DR.
CITY-ST-ZIP PANAMA CITY FL 32405
TITLE V NICHOLS, TINA DELETED
NAME NICHOLS, TINA
STREET ADDRESS 734 BANKERS COVE RD.
CITY-ST-ZIP PANAMA CITY FL 32401
TITLE SD JOSEPH, LINDA DELETED
NAME JOSEPH, LINDA
STREET ADDRESS 464 SUDDOUTH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401
TITLE AT FISHER, FANNIE DELETED
NAME FISHER, FANNIE
STREET ADDRESS 504 PARKWOOD DRIVE
CITY-ST-ZIP PANAMA CITY FL 32405
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President Change Addition
1.2 NAME Nichols, Tina
1.3 STREET ADDRESS 734 Bankers Cove Rd
1.4 CITY-ST-ZIP Panama City, FL 32401
2.1 TITLE Change Addition
2.2 NAME Joseph, Linda
2.3 STREET ADDRESS 464 Suddouth Drive
2.4 CITY-ST-ZIP Panama City, FL 32401
3.1 TITLE Change Addition
3.2 NAME Fisher, Fannie
3.3 STREET ADDRESS 224 S. Cove Lane
3.4 CITY-ST-ZIP Panama City, FL 32401
4.1 TITLE Change Addition
4.2 NAME Mockler, Nicole
4.3 STREET ADDRESS 715 Driftwood Drive
4.4 CITY-ST-ZIP Lynn Haven, FL 32444
5.1 TITLE Change Addition
5.2 NAME Deana, Misty
5.3 STREET ADDRESS 3022 W. 30th Court
5.4 CITY-ST-ZIP Panama City, FL 32405
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP \$61.25 BANK VB 2 21

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: Fannie Fisher DATE 1-14-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 904-785-1917

CR2E037 (9/96)