## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State : .... **DIVISION OF CORPORATIONS** 

1998

101

Mar 12 1998 8:00am Secretary of State

1. Corporation	Name	0 (9)			
BAYS N	MEDICAL SOCIETY AUXILIA	RY FOUNDATION, INC.		A 1884 HAN BUY BURU BURU BURU MANU MANU BURU BURU BU	ali alam bidin dibir bidit (60)
	•				
Principal Place	of Business	Mailing Address		E ENDIFICAL DEL DIRECTO DEL CONTROL SON SON SON SON DE	în Bibil Bibil Bibil Bibil 1981
PANAMA CITY FL 32405 STE		653 W 23RD ST		3. Date Incorporated or Qualified	
		STE 122 PANAMA CITY FL 32405		08/14/1991	
		FRINGING OUT 15 VETOV		4. FEI Number	Applied For
				59-3084656	Not Applicable
2. Principal Place of Business		28. Mailing Address 28 653 W 23 5+		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
22		27 STE 122		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowne	
23			<u> </u>	Yes	☑ No
Zip	Country	Zip 2.405 3	Country Bay	8. This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible  Yes No
24	9. Name and Address of Current	[29]		10. Name and Address of New Registered	
			81 Name	Nicole Mockler	
FISHER, FANNIE			82 Street	Address (P.O. Box Number is Not Acceptable)	
224 S COVE LANE			<u> </u>	715 Oriftwood Drive	t
PANAMA	CITY FL 32401		63		
			84 City	Lynn Haven Fl	85 Zip Code 32444
44 6	40-2-017-000	and C17 1500 Florida Statuton	the shows remad	1 1	s 32444
office or re agent. I at	o the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617,1508, Florida Statutes, of Florida. Such change was autitions of, Section 617,0503, Florid	thorized by the corp da Statutes.	corporation submits this statement for the purpose cooration's board of directors. I hereby accept the application is a comparable to the purpose of the pur	pointment as registered
SIGNATURE _	Signature, typed or printed name of registered eget	IN Na	xole /	Jockly 2-12- Jaquired when reinstating) DATE	78
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	President D	Change Addition
NAME	NICHOLS, TINA		1.2 NAME	Joseph. Linda	
STREET ADDRESS	734 BUNKERS COVE RD		1.3 STREET ADDRESS	4 64 Sudduth Drive	
CITY-ST-ZIP	PANAMA CITY FL 32401	DELETE	1.4 CITY - ST - ZIP	P.C. F1 32401	Change Addition
TITLE	MOONIED MICOLE	☐ DELETE	2.1 TITLE 2.2 NAME	Misty Deanna	TEL CHANGE C. MOULION
NAME ATRICT ADDRESS	MOCKLER, NICOLE 715 DRIFTWOOD DR		2.2 NAME 2.3 STREET ADDRESS	3022 W 30th Ct	
STREET ADDRESS CITY-ST-ZIP	LYNN HAVEN FL 32444		2. 4 CITY-ST-ZIP	P.C. F1 32405	
TITLE	S	☐ DELETE	3.1 TITLE	Y.P. A and D	Change Addition
NAME	MISTY, DEANA		3.2 NAME	Local Papel	
STREET ADDRESS	3022 W 30TH CT		3.3 STREET ADDRESS	700 Missouri Ave	
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4. CITY - ST - ZIP	Lynn Haven Fl 32444	- DATE:
TITLE	T INCh	☐ DELETÉ	4.1 TITLE	T Nicole Mockler D	Change Addition
NAME	JOSEPH, LINDA		4. 2 NAME	715 Driftwood Prive	
STREET ADDRESS	464 SUDDUTH DRIVE PANAMA CITY FL 32401		4.3 STREET ADDRESS	Lynn Haven F1 32444	
CITY-ST-ZIP TITLE	TANAMA OITT FL 32401	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	5 Fanny Fisher B 224 S. Cave Lane	☐ Change ☐ Addition
NAME	FISHER, FANNIE		5.2 NAME	a Forning Flater	-
STREET ADDRESS	504 PARKWOOD DRIVE		5.3 STREET ADDRESS	224 5 Cave Lane	

14. I 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 THTLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

PANAMA CITY FL 32405

2-12-98

**✓** Addition