

FILE NOW: FILING FEE IS \$61.25

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**May 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N97000001488 (2)
1. Corporation Name
FUTURE CHOICES, INCORPORATED



Principal Place of Business: **608 E 6TH CT PANAMA CITY FL 32401**
Mailing Address: **608 E 6TH CT PANAMA CITY FL 32401**

3. Date Incorporated or Qualified: **03/12/1997**
4. FEI Number: **59-3442521**
Applied For: Not Applicable:

2. Principal Place of Business: **21 810 Grace Avenue**
Suite, Apt. #, etc.: **22**
City & State: **23 Panama City, FL**
Zip: **24 32401** Country: **25 Bay**

2a. Mailing Address: **26 810 Grace Avenue**
Suite, Apt. #, etc.: **27**
City & State: **28 Panama City, FL**
Zip: **29 32401** Country: **30 Bay**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, PATTI L
608 E 6TH CT
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent
81 Name: **Patti L. Williams**
82 Street Address (P.O. Box Number is Not Acceptable): **2404 W. Beach Drive**
83
84 City: **Panama City** FL 85 Zip Code: **32402**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PATTI L	
STREET ADDRESS	4002 MILANO RD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, MARY H	
STREET ADDRESS	814 NEW YORK AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WORLEY, VIRGINIA M	
STREET ADDRESS	306 CARDIFF CT	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JULIE A	
STREET ADDRESS	2106 ALAMO ST	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, IRENE H	
STREET ADDRESS	3910 WAVE AVE	
CITY-ST-ZIP	SPRINGFIELD FL 32404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, MICHAEL L	
STREET ADDRESS	304 CARDIFF CT	
CITY-ST-ZIP	PANAMA CITY FL 32404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Patti L.	
1.3 STREET ADDRESS	2404 W. Beach Dr.	
1.4 CITY-ST-ZIP	Panama City, FL 32402	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dubuisson, Paula J.	
2.3 STREET ADDRESS	1405 W. Beach Dr.	
2.4 CITY-ST-ZIP	Panama City, FL 32401	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Clark, Julie A.	
4.3 STREET ADDRESS	2106 Alamo St.	
4.4 CITY-ST-ZIP	Panama City, FL 32405	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: _____ FILED 1/20/98 (608) 710-5533 EXT 23

CR2E037 (10/97)