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Secretary of State
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0009/04

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003214**

1. Corporation Name
BAY COUNTY BRAC COMMITTEE, INC.

330090 - 90150 - 34

Principal Place of Business	Mailing Address
235 WEST FIFTH STREET PANAMA CITY FL 32401	235 WEST FIFTH STREET PANAMA CITY FL 32401

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3000 - SOUTH HIGHWAY 77	26 ~~3~~ 3000 - SOUTH HIGHWAY 77	06/02/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 LYNN HAVEN, FL	City & State 28 LYNN HAVEN, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32444 25	Zip / Country 29 32444 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DANTZLER, L N
235 WEST FIFTH STREET
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: DANTZLER, L N
82 Street Address (P.O. Box Number is Not Acceptable): 3000 SOUTH HIGHWAY 77
83
84 City: LYNN HAVEN **FL** 85 Zip Code: 32444

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: L N Dantzler — 4/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DANTZLER, L N		1.2 NAME	DANTZLER, L.N.	
STREET ADDRESS	235 WEST FIFTH STREET		1.3 STREET ADDRESS	3000 SOUTH HIGHWAY 77	
CITY-ST-ZIP	PANAMA CITY FL 32401		1.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITHWICK, JERRY		2.2 NAME	SMITHWICK, JERRY	
STREET ADDRESS	235 W 5TH ST		2.3 STREET ADDRESS	3000 SOUTH HIGHWAY 77	
CITY-ST-ZIP	PANAMA CITY FL 32401		2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEUBAUER, TOM		3.2 NAME		
STREET ADDRESS	740 SOUTH TYNDALL PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: L N Dantzler SIGNATURE REQUIRED — 4/10/99 — 850-769-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)