2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007441

Entity Name: LEAD COALITION OF BAY COUNTY, INC.

Mar 29, 2019 Secretary of State 8295068460CC

FILED

Current Principal Place of Business:

25 EAST 8TH STREET PANAMA CITY, FL 32401

Current Mailing Address:

P O BOX 548

PANAMA CITY, FL 32402 US

FEI Number: 81-2636147 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LUCAS, JANICE L 25 EAST 8TH STREET PANAMA CITY, FL 32401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	IMMEDIATE PAST CHAIR	Title	SECRETARY
Name	MCCAMBRY, ALFRED JR.	Name	MASSLIENO, LYNVA

Address 5230 W. HIGHWAY 98 Address P O BOX 546

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32402

Title OTHER Title VC

NameLUCAS, JANICE LNameDODD, RICHARDAddress5230 W. HIGHWAY 98Address230 W 5TH STREETCity-State-Zip:PANAMA CITY FL 32401City-State-Zip:PANAMA CITY FL 32401

Title T Title DIRECTOR

Name ALLEN, RASLEAN Name GUILFORD, MYRON

Address 1515 ST. ANDREWS BLVD Address 3421 FL HWY 77

City-State-Zip: PANAMA CITY FL 32405 City-State-Zip: LYNN HAVEN FL 32405

TitleDIRECTORTitleDIRECTORNameCARSTARPHEN, BILLYNameBOYCE, RON

Address 1209 E 15TH STREET Address 200 E BEACH DRIVE

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE LUCAS EXECUTIVE DIRECTOR 03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title **DIRECTOR** Title DIRECTOR

Name CHISHOLM, KENNETH Name FRIDAY, BRADEN Address 525 EAST 15TH STREET Address P O BOX 546

City-State-Zip: PANAMA CITY FL 32402 City-State-Zip: PANAMA CITY FL 32401

Title **DIRECTOR** Title **DIRECTOR**

Name MCCASKILL, MICHELLE Name KELLY, NIKI Address 505 E 11TH STREET 1100 FOUNTAIN AVENUE Address

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

Title **DIRECTOR** Title DIRECTOR

Name PETERS, ALVIN MYERS, TIMOTHY Name

Address 25 E 8TH STREET 717 MARTIN LUTHER KING JR BLVD Address

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

Title CHAIRMAN OF THE BOARD Title DIRECTOR

Name BOOTH, JOEL Name SHACK, MATTHEW Address 2121 LISENBY AVE. Address 713 E 13TH CT.

City-State-Zip: PANAMA CITY FL 32405

City-State-Zip: PANAMA CITY FL 32401