

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007441

Entity Name: LEAD COALITION OF BAY COUNTY, INC.

Current Principal Place of Business:

1608 BAKER COURT
ROOM 1
PANAMA CITY, FL 32401

Current Mailing Address:

P O BOX 546
PANAMA CITY, FL 32402 US

FEI Number: 81-2636147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCAS, JANICE L
1608 BAKER COURT
ROOM 1
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 BOARD CHAIR
Name MYERS, TIM
Address 717 MLK BLVD
City-State-Zip: PANAMA CITY FL 32401

Title OTHER
Name LUCAS, JANICE L
Address 1608 BAKER COURT
ROOM 1
City-State-Zip: PANAMA CITY FL 32401

Title TREASURER
Name GUILFORD, MYRON
Address 273 E 14TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title VC
Name PETERS, ALVIN
Address 25 E 8TH STREET
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name SHACK, MATTHEW
Address 713 E 13TH CT.
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name BELL, EDWARD
Address P O BOX 546
STE. A
City-State-Zip: PANAMA CITY FL 32401

Title SECRETARY
Name HILL, TANYA
Address 1712 LOUISIANA AVENUE
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name GAINER, HENRY JR.
Address 1608 BAKER COURT
ROOM 1
City-State-Zip: PANAMA CITY FL 32401

Continues on page 2

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

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHNEIDER, LYNNE
Address 1608 BAKER COURT
ROOM 1
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name HILL, JERMAINE
Address P O BOX 546
City-State-Zip: PANAMA CITY FL 32402

Title DIRECTOR
Name HALEY, JOHN DR.
Address 1227 E 14TH
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name HOEHN, TERRI
Address 2515 THOMAS DR
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name TAYLOR, RUSSELL
Address P O BOX 546
City-State-Zip: PANAMA CITY FL 32402

Title DIRECTOR
Name BROWN, HOPE GAINES
Address 6526 OLOKEE ST
City-State-Zip: PANAMA CITY FL 32404