

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007441

FILED
Jan 31, 2020
Secretary of State
8929618903CC

Entity Name: LEAD COALITION OF BAY COUNTY, INC.

Current Principal Place of Business:

320 EAST 7TH STREET
SUITE A
PANAMA CITY, FL 32401

Current Mailing Address:

P O BOX 546
PANAMA CITY, FL 32402 US

FEI Number: 81-2636147

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LUCAS, JANICE L
320 EAST 7TH STREET
SUITE A
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
Name MCCAMBRY, ALFRED JR.
Address 3800 GARRISON AVENUE
City-State-Zip: PORT ST JOE FL 32456

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

Title OTHER
Name LUCAS, JANICE L
Address 320 E 7TH ST, STE. A
City-State-Zip: PANAMA CITY FL 32401

Title VP
Name ALLEN, RASLEAN
Address P O BOX 546
City-State-Zip: PANAMA CITY FL 32402

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

Title DIRECTOR
Name CARSTARPHEN, BILLY
Address 1209 E 15TH STREET
City-State-Zip: PANAMA CITY FL 32401

Title SECRETARY
Name BOYCE, RON
Address 200 E BEACH DRIVE
City-State-Zip: PANAMA CITY FL 32401

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

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

01/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MCCASKILL, MICHELLE
Address 651 W 14TH STREET
City-State-Zip: PANAMA CITY FL 32401

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

Title CHAIRMAN OF THE BOARD
Name BOOTH, JOEL
Address 2121 LISENBY AVE.
City-State-Zip: PANAMA CITY FL 32405

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

Title DIRECTOR
Name COOK, MICHELE
Address 651 W. 14TH STREET
SUITE K
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name KELLY, NIKI
Address P O BOX 1057
City-State-Zip: PANAMA CITY FL 32402

Title DIRECTOR
Name MYERS, TIMOTHY
Address 717 MARTIN LUTHER KING JR BLVD
City-State-Zip: PANAMA CITY FL 32401

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

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

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