FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAR 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708916 (2)

1. Corporation Name
BOYS & GIRLS CLUBS OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
3404 WEST 19TH STREET PANAMA CITY FL 32405-1500	3404 WEST 19TH STREET PANAMA CITY FL 32405-1500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1965
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1114292 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENTON, JOHN
2147 BRIARWOOD CIR
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

91 Name: SCOTT, NELSON
92 Street Address (P.O. Box Number is Not Acceptable)
93: 1603 DEWITT STREET
94 City: PANAMA CITY FL 95 Zip Code: 32401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] NELSON SCOTT, BOARD PRESIDENT 3/20/95
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	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	HAAG, BARBARA	1.2 NAME		
STREET ADDRESS	7521 YELLOW BLUFF RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAWAY FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BOZARTH, JOHN	2.2 NAME	SHERMAN, TOM	
STREET ADDRESS	442-A GRACE AVENUE	2.3 STREET ADDRESS	501 W. 19TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, TOMMY	3.2 NAME		
STREET ADDRESS	2817 STATE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DICK, PAUL	4.2 NAME	HACHMEISTER, HAROLD	
STREET ADDRESS	414 BUNKERS COVE ROAD	4.3 STREET ADDRESS	214 W. 34th STREET	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	VD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCOTT, NELSON	5.2 NAME	SCOTT, NELSON	
STREET ADDRESS	1603 DEWITT STR	5.3 STREET ADDRESS	1603 DEWITT STREET	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	PD	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BENTON, JOHN	6.2 NAME	HARDERS, HOLTON	
STREET ADDRESS	2147 BRIARWOOD CIRCLE	6.3 STREET ADDRESS	5521 E. HWY 98	
CITY-ST-ZIP	PANAMA CITY, FL 00000	6.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 3/20/95 904-784-7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NELSON SCOTT

0078880