

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, NELSON
2147 BRIARWOOD CIR
1603 DEWITT ST
PANAMA CITY FL 32401**

81 Name **William J. Black**

82 Street Address (P.O. Box Number is Not Acceptable)
1904 Connecticut Avenue

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 *William J. Black* **William J. Black, President of the Board April 8, 1996**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **HAAG, BARBARA**
STREET ADDRESS **7521 YELLOW BLUFF RD**
CITY-ST-ZIP **CALLAWAY FL**

TITLE **VPD** ☐ DELETE
NAME **SHERMAN, TOM**
STREET ADDRESS **501 W 19TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **TD** ☒ DELETE
NAME **BERRY, TOMMY**
STREET ADDRESS **2817 STATE AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VPD** ☒ DELETE
NAME **HACHMEISTER, HAROLD**
STREET ADDRESS **214 W 34TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VD** ☒ DELETE
NAME **SCOTT, NELSON**
STREET ADDRESS **1603 DEWITT STR**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VPD** ☐ DELETE
NAME **HARDERS, HOLTON**
STREET ADDRESS **5521 E HWY 98**
CITY-ST-ZIP **PANAMA CITY, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **William J. Black**
1.3 STREET ADDRESS **1904 Connecticut Avenue**
1.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Tom Sherman**
2.3 STREET ADDRESS **501 W 19th Street**
2.4 CITY-ST-ZIP **Panama City FL 32405**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **Derek Tolson**
3.3 STREET ADDRESS **2914 Jenks Avenue**
3.4 CITY-ST-ZIP **Panama City, FL 32405**

4.1 TITLE **VPD** ☒ Change ☐ Addition
4.2 NAME **Allen Cotton**
4.3 STREET ADDRESS **626 E. Bus. 98**
4.4 CITY-ST-ZIP **Panama City, FL 32401**

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **Kim Deland**
5.3 STREET ADDRESS **621 Kraft Avenue**
5.4 CITY-ST-ZIP **Panama City, FL 32401**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: *William J. Black* **William J. Black, President April 8, 1996 (904) 784-9501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)