FILE NOW: FILING FEE IS $61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 05/07/1965

4. FEI Number: 59-1114292 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COTTON, ALLEN
NEW FRONTIER MEDIA
626 EAST BUSINESS HWY 98
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: Derek Tolson
82 Street Address (P.O. Box Number is Not Acceptable): Regions Bank
83: 3418 Country Club Court
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: Derek Tolson Derek Tolson, President 4-13-98
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	VPD	☐ DELETE	1.1 TITLE	VPD	☑ Change ☐ Addition
NAME	HAAG, BARBARA		1.2 NAME	Nichols, Mike	
STREET ADDRESS	7521 YELLOW BLUFF ROAD		1.3 STREET ADDRESS	1324 Grace Ave	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Panama City FL 32401	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, TOM		2.2 NAME		
STREET ADDRESS	501 W 19TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	TOLSON, DEREK		3.2 NAME	Tolson, Derek	
STREET ADDRESS	2914 JENKS AVE		3.3 STREET ADDRESS	3418 Country Club Court	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	Lynn Haven FL 32444	
TITLE	PD	☐ DELETE	4.1 TITLE	VPD	☑ Change ☐ Addition
NAME	COTTON, ALLEN		4.2 NAME	Black, Bill	
STREET ADDRESS	626 E BUS. 98		4.3 STREET ADDRESS	1904 Connecticut Ave	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	Lynn Haven FL 32444	
TITLE	SD	☐ DELETE	5.1 TITLE	VPD	☑ Change ☐ Addition
NAME	FILLORAMO, CHARLOTTE-ANN		5.2 NAME	Filloramo, Charlotte-Ann	
STREET ADDRESS	4035 NAPOLI ROAD		5.3 STREET ADDRESS	4035 Napoli Road	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP	Panama City FL 32405	
TITLE	VPD	☐ DELETE	6.1 TITLE	SD	☑ Change ☐ Addition
NAME	BOZARTH, JOHN		6.2 NAME	Henderson, Suzy	
STREET ADDRESS	1212 DEWITT STREET		6.3 STREET ADDRESS	1915 Arthur Ave	
CITY-ST-ZIP	PANAMA CITY, FL 00000		6.4 CITY-ST-ZIP	Panama City FL 32405	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Derek Tolson Derek Tolson 4/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #