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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708916

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 (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)

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

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TOLSON, DEREK
REGIONS BANK
3418 COUNTRY CLUB CT
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Tol Derek Tolson 4/12/99
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	NICHOLS, MIKE		1.2 NAME	John Juchniewicz	
STREET ADDRESS	1324 GRACE AVE		1.3 STREET ADDRESS	1000 W 11th Street	
CITY-ST-ZIP	PANAMA CITY FL 32401		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	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOLSON, DEREK		3.2 NAME		
STREET ADDRESS	3418 COUNTRY CLUB CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, BILL		4.2 NAME		
STREET ADDRESS	1904 CONNECTICUT AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FILLORAMO, CHARLOTTE-ANN		5.2 NAME		
STREET ADDRESS	4035 NAPOLI ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, SUZY		6.2 NAME		
STREET ADDRESS	1915 ARTHUR AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Suzy Henderson SIGNATURE Suzy Henderson 4/12/99 767-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)