

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 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 # **708994** (9)  
1. Corporation Name

**BAY COUNTY ASSOCIATION OF REALTORS, INC.**



Principal Place of Business Mailing Address  
**1123 HARRISON AVE.** **1123 HARRISON AVE.**  
**PANAMA CITY FL 32401** **PANAMA CITY FL 32401**

3. Date Incorporated or Qualified  
**05/20/1965**

4. FEI Number **59-1440029** Applied For  
Not Applicable

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  
24 25 29 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

10. Name and Address of New Registered Agent

**ELEANOR, BURROSS**  
**1123 HARRISON AVE.**  
**PANAMA CITY FL 32401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS |                      |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |                                                                              |  |
|----------------------------|----------------------|--------------------------------------------|--|-------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|--|
| TITLE                      | P                    | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE                                             | P                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | JEGG, JOE W.         |                                            |  | 1.2 NAME                                              | CREEKMORE, CHERRY          |                                                                              |  |
| STREET ADDRESS             | 702 S TYNDALL PKWY   |                                            |  | 1.3 STREET ADDRESS                                    | 415 BECKRICH RD - STE 150  |                                                                              |  |
| CITY-ST-ZIP                | PANAMA CITY FL       |                                            |  | 1.4 CITY-ST-ZIP                                       | PANAMA CITY BEACH FL 32407 |                                                                              |  |
| TITLE                      | PE                   | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE                                             | PE                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | CREEKMORE, CHERRY H. |                                            |  | 2.2 NAME                                              | SHARP, MICHAEL             |                                                                              |  |
| STREET ADDRESS             | 6504 THOMAS AVE      |                                            |  | 2.3 STREET ADDRESS                                    | 1430 HARRISON AVE          |                                                                              |  |
| CITY-ST-ZIP                | PANAMA CITY FL       |                                            |  | 2.4 CITY-ST-ZIP                                       | PANAMA CITY FL 32401       |                                                                              |  |
| TITLE                      | T                    | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE                                             | T                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | MULRAIN, TINA        |                                            |  | 3.2 NAME                                              | GIEL, EARL                 |                                                                              |  |
| STREET ADDRESS             | 949 JENKS AVE        |                                            |  | 3.3 STREET ADDRESS                                    | 10997 HUTCHINSON BLVD      |                                                                              |  |
| CITY-ST-ZIP                | PANAMA CITY FL       |                                            |  | 3.4 CITY-ST-ZIP                                       | PANAMA CITY BEACH FL 32407 |                                                                              |  |
| TITLE                      | S                    | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE                                             | S                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | MILLER, DIAN         |                                            |  | 4.2 NAME                                              | STECKBAUER, BILL           |                                                                              |  |
| STREET ADDRESS             | 6102 E HWY 98        |                                            |  | 4.3 STREET ADDRESS                                    | 702 S TYNDALL PKWY         |                                                                              |  |
| CITY-ST-ZIP                | PANAMA CITY FL       |                                            |  | 4.4 CITY-ST-ZIP                                       | PANAMA CITY FL 32404       |                                                                              |  |
| TITLE                      | D                    | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE                                             | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | GIANDOLFI, TONY      |                                            |  | 5.2 NAME                                              | MILLER, DIAN               |                                                                              |  |
| STREET ADDRESS             | 702 S TYNDALL PKWY   |                                            |  | 5.3 STREET ADDRESS                                    | 2708 HWY 77                |                                                                              |  |
| CITY-ST-ZIP                | PANAMA CITY BEACH FL |                                            |  | 5.4 CITY-ST-ZIP                                       | PANAMA CITY FL 32405       |                                                                              |  |
| TITLE                      | D                    | <input checked="" type="checkbox"/> DELETE |  | 6.1 TITLE                                             | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | STECKBAUER, BILL     |                                            |  | 6.2 NAME                                              | GLASS, MICHAEL             |                                                                              |  |
| STREET ADDRESS             | 702 S TYNDALL PKWY   |                                            |  | 6.3 STREET ADDRESS                                    | 11 MIRACLE STRIP LOOP      |                                                                              |  |
| CITY-ST-ZIP                | PANAMA CITY FL       |                                            |  | 6.4 CITY-ST-ZIP                                       | PANAMA CITY BEACH FL 32407 |                                                                              |  |

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: *Cherry Creekmore* 2-27-98 850-233-8664

CR2E037 (10/97)