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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **708994**

1. Corporation Name
BAY COUNTY ASSOCIATION OF REALTORS, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/20/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1440029 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ELEANOR, BURROSS
1123 HARRISON AVE.
PANAMA CITY FL 32401

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CREEKMORE, CHERRY		1.2 NAME	SHARP, MICHAEL	
STREET ADDRESS	415 BECKRICH RD, STE 150		1.3 STREET ADDRESS	1430 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	PE	☐ DELETE	2.1 TITLE	PE	☐ Change ☒ Addition
NAME	SHARP, MICHAEL		2.2 NAME	CRECELIUS, ROY	
STREET ADDRESS	1430 HARRISON AVE		2.3 STREET ADDRESS	3312 COUNTRY CLUB DR	
CITY-ST-ZIP	PANAMA CITY FL 32401		2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	T	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	GIEL, EARL		3.2 NAME		
STREET ADDRESS	10997 HUTCHINSON BLVD		3.3 STREET ADDRESS	REMAINS - EARL GEIL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	STECKBAUER, BILL		4. 2 NAME		
STREET ADDRESS	702 S TYNDALL PKWY		4.3 STREET ADDRESS	REMAINS - BILL STECKBAUER	
CITY-ST-ZIP	PANAMA CITY FL 32404		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MILLER, DIAN		5.2 NAME	DANA PARAMORE DUNNIGAN	
STREET ADDRESS	2708 HWY 77		5.3 STREET ADDRESS	3610 W. O'HENRY DR	
CITY-ST-ZIP	PANAMA CITY FL 32405		5.4 CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GLASS, MICHAEL		6.2 NAME	VIDER, JAMES	
STREET ADDRESS	11 MIRACLE STRIP LOOP		6.3 STREET ADDRESS	8017 N. LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		6.4 CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Michael Sharp 1/20/99 (850) 763-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #