2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90043 015 ****70.00

DOCUMENT # 708994

1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052004 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELEANOR, BURROSS 1123 HARRISON AVE. PANAMA CITY, FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eleanor Burross ASSOCIATION EXECUTIVE 1/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WISELOGEL, JIMMY 214 WISTERIA STREET PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT REVELL, JO ANN 144 PORTER DRIVE PANAMA CITY BEACH, FL 32413	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REVELL, JO ANN 144 PORTER DRIVE PANAMA CITY, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-ELECT CRECELIUS, ROY 3312 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWENK, VICKI 4271 KINGFISH LANE PO BOX 27294 PANAMA CITY BEACH, FL 32411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY STECKBAUER, BILL 639 OLD HICKORY STREET PANAMA CITY, FL 32404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HINDERLITER, ROY 3912 VICAR STREET PANAMA CITY, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER HINDERLITER, ROY 3912 VICAR STREET PANAMA CITY BEACH, FL 32408	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWIGLER, ALAN 719 BEACHCOMBER DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SWIGLER, ALAN 719 BEACHCOMBER DRIVE LYNN HAVEN, FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGA, DIRECTOR 1511 COLORADO AVENUE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, RYAN, KATIE 109 BONITA CIRCLE PANAMA CITY BEACH, FL 32408	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JoAnn Revell 1/21/04 (850)763-7843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #