

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708994

FILED
Sep 08, 2004
Secretary of State**Entity Name:** BAY COUNTY ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**1123 HARRISON AVE.
PANAMA CITY, FL 32401**New Principal Place of Business:****Current Mailing Address:**1123 HARRISON AVE.
PANAMA CITY, FL 32401**New Mailing Address:****FEI Number:** 59-1440029**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELEANOR, BURROSS
1123 HARRISON AVE.
PANAMA CITY, FL 32401 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: CRECELIUS, ROY
Address: 3312 COUNTRY CLUD DR
City-St-Zip: LYNN HAVEN, FL 32444**Title:** P () Delete
Name: REVELL, JO ANN
Address: 144 PORTER DRIVE
City-St-Zip: PANAMA CITY, FL 32413**Title:** S () Delete
Name: SWENK, VICKI
Address: 4271 KINGFISH LANE PO BOX 27294
City-St-Zip: PANAMA CITY BEACH, FL 32411**Title:** T () Delete
Name: HINDERLITER, ROY
Address: 3912 VICAR STREET
City-St-Zip: PANAMA CITY, FL 32408**Title:** T () Delete
Name: SWIGLER, ALAN
Address: 719 BEACHCOMBER DRIVE
City-St-Zip: LYNN HAVEN, FL 32444**Title:** D () Delete
Name: MORGA, DIRECTOR
Address: 1511 COLORADO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: STECKBAUER, BILL
Address: 639 OLD HICKORY STREET
City-St-Zip: PANAMA CITY, FL 32404**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: SWIGLER, ALAN
Address: 719 BEACHCOMBER DRIVE
City-St-Zip: LYNN HAVEN, FL 32444**Title:** D (X) Change () Addition
Name: RYAN, KATIE
Address: 19 BONITA CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN REVELL

P

09/08/2004

Electronic Signature of Signing Officer or Director

Date

CON CORNELIUS, DIRECTOR
1401 ARTHUR AVE
PANAMA CITY, FL 32401

REX FREE, DIRECTOR
PO BOX 19513
PANAMA CITY BEACH, FL 32417

BARBARA STEVENS, DIRECTOR
PO BOX 953
LYNN HAVEN, FL 32444

TERESA DYER, VICE-PRESIDENT
8200 PALM COVE BLVD
PANAMA CITY BEACH, FL 32408

JIMMY WISELGOEL, PAST PRESIDENT
214 WISTERIA ST
PANAMA CITY BEACH, FL 32407