

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90283 022 ****61.25

DOCUMENT # 728092

1. Entity Name

THE BAY MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business

615 N. BONITA AVE.
P.O. BOX 2515
PANAMA CITY FL 32401

Mailing Address

615 N. BONITA AVE.
P.O. BOX 2515
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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6001478

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

NEWTON, TAMMY
BAY MEDICAL CENTER
615 NORTH BONITA 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

Tammy Newton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME THORTON, KATHY
STREET ADDRESS 5208 KENDRICK STREET
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE T ☐ Delete
NAME GIBSON, GLADYS
STREET ADDRESS 1109 LIENBY AVE
CITY-ST-ZIP PANAMA CITY FL

TITLE VP ☐ Delete
NAME BAYLIS, JANET
STREET ADDRESS 2508 BREEZY LANE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Delete
NAME NEUBAUER, TOM
STREET ADDRESS 740 S. TYNDALL PKWY
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE C ☒ Delete
NAME STEIN, ANDY
STREET ADDRESS 144 HARRISON AVE.
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ Delete
NAME BARR, JIMMY
STREET ADDRESS 1022 W. 23RD STREET
CITY-ST-ZIP PANAMA CITY FL 32405

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS John Robert Middlemas
CITY-ST-ZIP 718 Bunkers Cove Rd.
Panama City, FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Gladys Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/06 (850) 769-1511