

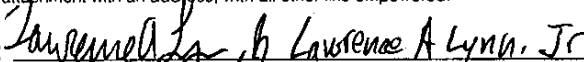


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Aug 24, 2006 8:00 am
Secretary of State

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DOCUMENT # 735657				08-24-2006 90063 009 ****61.25	
1. Entity Name COMMUNITY SERVICES FOUNDATION OF BAY COUNTY, INC.					
Principal Place of Business P O BOX 15483 PANAMA CITY, FL 32406 US		Mailing Address P O BOX 15483 PANAMA CITY, FL 32406 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07252006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-1681213	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN, FL 32444				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWDITCH, LOLA	NAME			
STREET ADDRESS	P O BOX 8493	STREET ADDRESS			
CITY-ST-ZIP	SOUTHPORT, FL 32409	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANLEY, KATHY	NAME			
STREET ADDRESS	1025 W 19TH ST #18-D	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, RICHARD	NAME			
STREET ADDRESS	PO BOX 59350	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32402	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLOMAN, JOHN	NAME			
STREET ADDRESS	507 PARKWOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, SHIRLEY	NAME			
STREET ADDRESS	1220 TRANSMITTER RD	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		8-15-06		850 747-032	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	