


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 735657	
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
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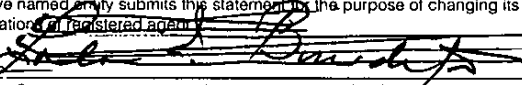
03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1681213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN, FL 32444

**DO NOT WRITE
IN THIS SPACE**

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 	DATE 3-06-07

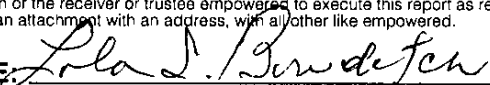
**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWDITCH, LOLA P O BOX 8493 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, KATHY 1025 W 19TH ST #18-D PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, RICHARD PO BOX 59350 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLOMAN, JOHN 507 PARKWOOD DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENKINS, SHIRLEY 1220 TRANSMITTER RD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000763314
05/30/07-80002-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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 	3-06-07 785-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #