
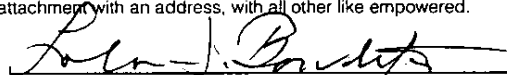


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90066 046 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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 May 1, 2008		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				
STREET ADDRESS	P.O. BOX 8403 100 HARRISON PLCE				
CITY-ST-ZIP	SOUTHPORT, FL 32409 Panama City - 32405				
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, KATHY				
STREET ADDRESS	1025 W 19TH ST #18-D				
CITY-ST-ZIP	PANAMA CITY, FL 32405				
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUOD, RICHARD				
STREET ADDRESS	PO BOX 59350				
CITY-ST-ZIP	PANAMA CITY, FL 32402				
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOMAN, JOHN				
STREET ADDRESS	507 PARKWOOD DRIVE				
CITY-ST-ZIP	PANAMA CITY, FL 32405				
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, SHIRLEY				
STREET ADDRESS	1220 TRANSMITTER RD				
CITY-ST-ZIP	PANAMA CITY, FL 32401				
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 				4-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	