

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 767945 (9)  
1. Corporation Name  
ANCHORAGE CHILDREN'S HOME OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

707 N COVE BLVD.  
PANAMA CITY FL 32401  
US

C/O MICHAEL C OVERSTREET  
221 MCKENZIE AVE  
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 3. Date Incorporated or Qualified<br>04/13/1983                                                                                                                | 3a. Date of Last Report<br>04/26/1994    |
| 4. FEI Number<br>59-2323037                                                                                                                                    | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional<br>Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be<br>Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>                                                                    | \$68.75 Supplemental<br>Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |

|                                                                                                                                                        |                                                                                                                                               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 2. Principal Place of Business<br>21 707 MARTIN LUTHER KING JR BLVD<br>Suite, Apt. #, etc.<br>22<br>City & State*<br>23 PANAMA CITY<br>Zip<br>24 32401 | 2a. Mailing Address<br>25 475 HARRISON AVENUE<br>Suite, Apt. #, etc.<br>26 SUITE 101<br>City & State<br>27 PANAMA CITY, FL<br>Zip<br>28 32401 | 29 BAY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OVERSTREET, MICHAEL C  
221 MCKENZIE AVE  
PANAMA CITY FL 32401

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Michael C. Overstreet*

2-21-95

Signature of person or persons authorized to register agent and file this report

NOTE: Registered Agent signature required when modifying

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | P DIRECTOR                  | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OVERSTREET, MICHAEL C       | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 221 MCKENZIE AVE            | 1.3 STREET ADDRESS                                    | 475 HARRISON AVE                                                             |
| CITY, ST, ZIP              | PANAMA CITY FL              | 1.4 CITY, ST, ZIP                                     | SUITE 101 PANAMA CITY, FL 32401                                              |
| TITLE                      | VP DIRECTOR                 | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VICKERY, CAROL              | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 131 DRAGON RIDGE, BOX 27142 | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | PANAMA CITY FL              | 2.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      | VP DIRECTOR                 | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAMBURG, FRED               | 3.2 NAME                                              | FRED HAMBURG                                                                 |
| STREET ADDRESS             | 1012 AMHERST RD             | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | PANAMA CITY FL              | 3.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      | T DIRECTOR                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CHISHOLM, KELLY             | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | % 2340 HWY 77               | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | PANAMA CITY FL              | 4.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      | S DIRECTOR                  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NIX, CATHERINE              | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 4652 BAYWOOD DR             | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | LYNN HAVEN FL               | 5.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      | RS DIRECTOR                 | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HINDSMAN, LYN               | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1834 LIGENBY AVE            | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | PANAMA CITY FL              | 6.4 CITY, ST, ZIP                                     |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL C. OVERSTREET

2-21-95

904-913-8850

Date

Telephone (Area #)