FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **767945** **(9)**

1. Corporation Name

ANCHORAGE CHILDREN'S HOME OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
707 MARTIN LUTHER KING JR BLVD PANAMA CITY FL 32401 US	475 HARRISON AVE STE 101 PANAMA CITY FL 32401 US

3. Date Incorporated or Qualified: **04/13/1983**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 c/o WILLIAM G. WARNER
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 475 HARRISON AVE, STE 101
City & State 23	City & State 28 PANAMA CITY, FL
Zip 24 / Country 25	Zip 29 32401 / Country 30 US

4. FEI Number: **59-2323037** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: WILLIAM G. WARNER 82 Street Address (P.O. Box Number is Not Acceptable): 475 HARRISON AVE 83: SUITE 101 84 City: PANAMA CITY FL 85 Zip Code: 32401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ WILLIAM G. WARNER _____

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	OVERSTREET, MICHAEL C		1.2 NAME	VICKERY, CAROL	
STREET ADDRESS	475 HARRISON AVE., STE 101		1.3 STREET ADDRESS	131 DRAGON RIDGE, BOX 27142	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE	D	☐ DELETE	2.1 TITLE	FIRST VICE PRESIDENT	☒ Change ☐ Addition
NAME	VICKERY, CAROL		2.2 NAME	HAMBURG, FRED	
STREET ADDRESS	131 DRAGON RIDGE, BOX 27142		2.3 STREET ADDRESS	1012 AMHERST RD	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☐ DELETE	3.1 TITLE	SECOND VICE PRESIDENT	☒ Change ☐ Addition
NAME	HAMBURG, FRED		3.2 NAME	GRANTHAM, LINDA	
STREET ADDRESS	1012 AMHERST RD		3.3 STREET ADDRESS	3200 STATE AVE	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☐ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	CHISHOLM, KELLY		4.2 NAME	BOLINGER, LARRY	
STREET ADDRESS	% 2340 HWY 77		4.3 STREET ADDRESS	4124 TRANSMITTER RD	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HINDSMAN, LYN		6.2 NAME		
STREET ADDRESS	1834 LISENBY 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)(k), 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, or on an attachment with an address.

SIGNATURE: Carol V. Vickery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)