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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	C/O WARNER, WILLIAM, G. [illegible] 221 McKenzie Ave. PANAMA CITY FL 32401 US

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2121 LISENBY AVE	26 221 McKenzie Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PANAMA CITY FL	28 City & State: Panama City, FL 32401
24 Zip: 32405 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WARNER, WILLIAM G
[illegible] 221 McKenzie Avenue
[illegible]
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	VICKERY, CAROL		1.2 NAME	BAZZEL, HAROLD	
STREET ADDRESS	131 DRAOGN RIDGE, BOX 27142		1.3 STREET ADDRESS	2804 LONG LEAF RD	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HAMBURG, FRED		2.2 NAME		
STREET ADDRESS	1012 AMHERST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	32405	
TITLE	D	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GRANTHAM, LINDA		3.2 NAME		
STREET ADDRESS	3200 STATE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	32405	
TITLE	D	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MAYO, CLINT		4.2 NAME		
STREET ADDRESS	2916 FAIRMONT DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	32405	
TITLE	D	☒ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME	HINDSMAN, LYN		5.2 NAME	CLEMO, MARY MARIE	
STREET ADDRESS	344 MASSALINA DR.		5.3 STREET ADDRESS	2881 TUPELO DR	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☒ DELETE	6.1 TITLE	S/D	☐ Change ☒ Addition
NAME	TAYLOR, ROBIN		6.2 NAME	KINSEY, TERRI	
STREET ADDRESS	3002 W 27 COURT		6.3 STREET ADDRESS	2507 PARKWOOD DR	
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP	PANAMA CITY FL 32405	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Terri Kinsey 3/6/98 850-763-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #