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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767945**

1. Corporation Name
ANCHORAGE CHILDREN'S HOME OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
2121 LISENBY AVE PANAMA CITY FL 32405 US	C/O WARNER, WILLIAM. G. 221 MCKENZIE AVE PANAMA CITY FL 32401 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/13/1983

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

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

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

9. Name and Address of Current Registered Agent

WARNER, WILLIAM G
~~475 HARRISON AVE~~
~~SUITE 101~~
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: William G. Warner (address change only)
82 Street Address (P.O. Box Number is Not Acceptable): 221 McKenzie
83
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 _____ 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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAZZEL, HAROLD		1.2 NAME		
STREET ADDRESS	2804 LONG LEAF RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HAMBURG, FRED		2.2 NAME	BOB BARNARD	
STREET ADDRESS	1012 AMHERST AVE		2.3 STREET ADDRESS	904 BRANDEIS AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405		2. 4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRANTHAM, LINDA		3.2 NAME		
STREET ADDRESS	3200 STATE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAYO, CLINT		4. 2 NAME		
STREET ADDRESS	2916 FAIRMONT DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLEMO, MARY MARIE		5.2 NAME		
STREET ADDRESS	2881 TUPELO DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KINSEY, TERRI		6.2 NAME		
STREET ADDRESS	2507 PARKWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-17-99 850-763-9061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)