2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# 767945

Entity Name: ANCHORAGE CHILDREN'S HOME OF BAY COUNTY, INC.

Current Principal Place of Business:

2121 LISENBY AVE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

C/O WARNER, WILLIAM, G.
221 MCKENZIE AVE
PANAMA CITY, FL 32401 US

New Mailing Address:

C/O WARNER, WILLIAM, G.
442 GRACE AVE
PANAMA CITY, FL 32401 US

FEI Number: 59-2323037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARNER, WILLIAM G
221 MCKENZIE
PANAMA CITY, FL 32401

Name and Address of New Registered Agent:

WARNER, WILLIAM G
442 GRACE AVE
PANAMA CITY, FL 32401

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.

SIGNATURE: _____ 04/30/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: BAZZEL, HAROLD
Address: PO BOX 2269
City-St-Zip: PANAMA CITY, FL 32402

Title: VD ( ) Delete
Name: BARNARD, BOB
Address: 904 BRANDEIS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: PP ( ) Delete
Name: GRANTHAM, LINDA
Address: 3200 STATE AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: P ( ) Delete
Name: MAYO, CLINT
Address: 2916 FAIRMONT DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: HINDMAN, LYNN
Address: 602 COLORADO AV
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete
Name: KINSEY, TERRI
Address: 2507 PARKWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAYO, CLINT
Address: 2916 FAIRMONT DR
City-St-Zip: PANAMA CITY, FL 32405

Title: P (X) Change ( ) Addition
Name: BARNARD, BOB
Address: 904 BRANDEIS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Change ( ) Addition
Name: BAKER, ERIC
Address: 1813 THOMAS DR STE 7
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D (X) Change ( ) Addition
Name: CLOUD, BARBARA
Address: 4310 TRANSMITTER RD
City-St-Zip: PANAMA CITY, FL 32404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CLOUD D 04/30/2002
Electronic Signature of Signing Officer or Director — Date