2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90171 048 ****61.25

DOCUMENT # 767945

1. Entity 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. 442 GRACE AVE PANAMA CITY FL 32401 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2121 Lisenby Ave Suite, Apt. #, etc.
City & State	Panama City, FL
Zip / Country	32405 / USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARNER, WILLIAM G 442 GRACE AVE PANAMA CITY FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAYO, CLINT 2916 FAIRMONT DR PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNARD, BOB 904 BRANDEIS AVE PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAKER, ERIC 1813 THOMAS DR STE 7 PANAMA CITY BEACH FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLOUD, BARBARA 4310 TRANSMITTER RD PANAMA CITY FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HINDMAN, LYNN 602 COLORADO AV LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary GUY TURNELL 3421 N. Hwy 77 Panama City, FL 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KINSEY, TERRI 2507 PARKWOOD DR PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer JOHN JOHNSON 128 PALM CROSSING BLVD PANAMA CITY BCH, FL 32408	☐ Change ☒ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara A Cloud SIGNATURE REQUIRED 4/14/03 850 763-7102