

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005195

1. Entity Name

FRIENDS OF WATSON BAYOU, INC.

Principal Place of Business

Mailing Address

228 SOUTH COVE LANE
PANAMA CITY FL 32401

228 SOUTH COVE LANE
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

233 South Cove Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City, Florida

Zip
32401

Country
USA

Zip

Country

4. FEI Number

59-3669349

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HAMM, WILLIAM G
1007 JENKS AVE
PANAMA CITY FL 32401

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.

SIGNATURE

Signature of 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COFER, FELTON
STREET ADDRESS 228 SOUTH COVE LANE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD
NAME HIGBY, SUSAN
STREET ADDRESS 310 HOLLIS AVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD
NAME GOSS, HELEN
STREET ADDRESS 222 S COVE TERRACE DR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD
NAME HEALEY, LORA
STREET ADDRESS 233 S COVE TERRACE DR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME Susan Higby
STREET ADDRESS 310 Hollis
CITY-ST-ZIP

TITLE President
NAME Susan Higby
STREET ADDRESS 310 Hollis Ave.
CITY-ST-ZIP Panama City, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Lora Healey
STREET ADDRESS 233 S Cove Terrace
CITY-ST-ZIP Panama City, FL 32401

TITLE Secretary
NAME Joree Hamm
STREET ADDRESS 201 S Cove Lane
CITY-ST-ZIP Panama City, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan S. Higby

Date

4/8/02 850 7633164

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)