


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000005195</b> 1. Entity Name <b>FRIENDS OF WATSON BAYOU, INC.</b>	
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Principal Place of Business  
**233 SOUTH COVE TERRACE  
PANAMA CITY, FL 32401**

Mailing Address  
**233 SOUTH COVE TERRACE  
PANAMA CITY, FL 32401**



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3669349</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HAMM, WILLIAM G  
1007 JENKS AVE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIGBY, SUSAN 310 HOLLIS AVE. PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAMM, JOREE 201 S. COVE LANE PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HEALEY, LORA 233 S. COVE TERRACE PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000114668  
04/15/04-80059-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Joree Hamm Joree Hamm - Secretary 4/11/04 850-763-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #