


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90015 029 \*\*\*\*70.00

<b>DOCUMENT # N01000002844</b>	
1. Entity Name BAY COUNTY DOMESTIC VIOLENCE TASK FORCE, INC.	

Principal Place of Business POST OFFICE BOX 15851 PANAMA CITY, FL 32406	Mailing Address POST OFFICE BOX 15851 PANAMA CITY, FL 32406
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40032046



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08172007 Chg-NP CR2E037 (4/07)

City & State	City & State
Zip	Country

4. FEI Number 59-3681866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BEAVER, SHIRLEY 3529 E. 3RD STREET PANAMA CITY, FL 32401	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SLAY, SAM <input type="checkbox"/> Delete 3529 E 3RD ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete BEAVER, SHIRLEY 3529 E 3RD ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete BEAVER, SHIRLEY 3529 E 3RD ST. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAM SLAY 3529 E 3RD ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOU ANN MONTGOMERY 3529 E 3RD ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **02/26/07 (850) 872-7545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 110



40032046 ATTACHMENT # N01000002844

Application for Consumer's Certificate of Exemption

DR-5  
R. 11/03

Sales and Use Tax [pursuant to ss. 212.08(6), (7), and 213.12(2), Florida Statutes]

\* NO FEE REQUIRED \*

CHECK ONE:

☐ New

☐ Renewal

Certificate No. 85-8012667617C-5

MAIL TO:

CENTRAL REGISTRATION/EXEMPTIONS  
FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6480  
TALLAHASSEE FL 32314-6480



Exemption category for which you are applying (check only one):

- ☒ 501 (c)(3) Organization  
☐ Community Cemetery  
☐ Credit Union  
☐ Fair Association  
☐ Florida Fire and Emergency Services Foundation  
☐ Florida Retired Educators Association  
☐ Library Cooperative

- ☐ Nonprofit Cooperative Hospital Laundry  
☐ Nonprofit Water System  
☐ Organization Benefiting Minors  
☐ Parent-Teacher Organization/ Association  
☐ Political Subdivision  
☐ Religious - physical place of worship

- ☐ Religious - governing/ administrative  
☐ Religious - transportation provider  
☐ School, College or University  
☐ Veterans' Organization  
☐ Volunteer Fire Department

Office Use Only

BP \_\_\_\_\_

CO \_\_\_\_\_

RS \_\_\_\_\_ N \_\_\_\_\_ R \_\_\_\_\_

PM Date \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Organization Name BAY COUNTY DOMESTIC VIOLENCE TASK FORCE			
Street Address 3529 E 3 <sup>RD</sup> STREET		Business Phone Cell 850 258-2736	
City/State/ZIP PANAMA CITY, FL 32401		County, if located in Florida BAY	
Federal Employer Identification Number (FEIN)	Is Organization incorporated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date of Incorporation 04-17-08	Does organization hold IRS exempt status? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address (If different than above) P.O. BOX 15851		Alternate Phone BEAVER 850 (850) 872-7545	
City/State/ZIP PANAMA CITY, FL 32401		County, if located in Florida BAY	
Does the organization receive income from the sale or lease of tangible personal property, the lease of real property or the sale of taxable services? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, provide the organization's sales and use tax certificate of registration number: 59-3681866			

ALL DOCUMENTS SUBMITTED WILL BE RETAINED AS PART OF THIS APPLICATION.

CERTIFICATION

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the Consumer's Certificate of Exemption will only be used in the manner authorized for this organization under ss. 212.08(6), (7), or 213.12(2), Florida Statutes.

I declare that I have read the information provided on this application, including the attached documentation, and that the facts stated herein are true.

Shirley C. Beaver  
Signature  
SHIRLEY C. BEAVER  
Print name

Sec. / Treas.  
Title  
Feb. 27, 2007  
Date