

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004822

FILED
Jan 15, 2003
Secretary of State

Entity Name: BAY COUNTY CITIZENS' COALITION, INC.

Current Principal Place of Business:

P.O. BOX 4075
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4075
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 48-1258618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTON, JEFFREY P
565 HARRISON AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: SHAFFER, ROSALIE N
Address: 2445 PRETTY BAYOU BLVD
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Change (X) Addition
Name: CAIN, JOANN
Address: 204 CASCADE ST.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Change (X) Addition
Name: MCLANE, DUNKIN
Address: 807 SKYLAND AVE
City-St-Zip: PANAMA CITY, FL 32401

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: ROSALIE N. SHAFFER

D

01/15/2003

Electronic Signature of Signing Officer or Director

Date