
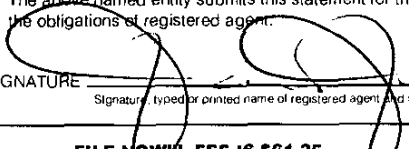
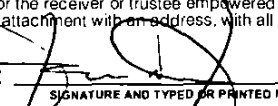


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 20 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N14020</b> 1. Entity Name <b>BAY JUVENILE DETENTION CENTER ADVISORY BOARD, INC.</b>																																																																																																																													
Principal Place of Business <b>450 EAST 11TH STREET PANAMA CITY, FL 32401</b>			Mailing Address <b>450 EAST 11TH STREET PANAMA CITY, FL 32401</b>																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number <b>59-2934334</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>JONES, JENNIFER 3211 AZALEA CIRCLE LYNN HAVEN, FL 32444</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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  <small>Signature, typed or printed name of registered agent, and date if applicable</small>				(NOTE: Registered Agent signature required when reinstating)																																																																																																																									
<b>FILE NOW!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																									
Make check payable to <b>Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DC</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOZEMAN, DEANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>252 N MARY ELLA AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CALLAWAY, FL 32404</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, LEON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1508 MISSISSIPPI AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LYNN HAVEN, FL 32444</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, JENNIFER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3211 AZALEA CIRCLE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LYNN HAVEN, FL 32444</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ANNE manlin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>131 Colina Circle</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Panama City Beach, FL 32413</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DC	<input checked="" type="checkbox"/> Delete	NAME	BOZEMAN, DEANE		STREET ADDRESS	252 N MARY ELLA AVE		CITY - ST - ZIP	CALLAWAY, FL 32404		TITLE	DV	<input checked="" type="checkbox"/> Delete	NAME	MILLER, LEON		STREET ADDRESS	1508 MISSISSIPPI AVE		CITY - ST - ZIP	LYNN HAVEN, FL 32444		TITLE	DT	<input type="checkbox"/> Delete	NAME	JONES, JENNIFER		STREET ADDRESS	3211 AZALEA CIRCLE		CITY - ST - ZIP	LYNN HAVEN, FL 32444		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ANNE manlin		STREET ADDRESS	131 Colina Circle		CITY - ST - ZIP	Panama City Beach, FL 32413		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  JENNIFER N JONES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 12/15/06 Daytime Phone #: 8507091217																																																																																																																									