

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19225

(4)

1. Corporation Name

BAY COUNTY COUNCIL FOR CHILDREN INC.

500001817745  
-05/13/96--01017--018  
\*\*\*\$1.25



Principal Place of Business

Mailing Address

SED NETWORK  
P.O. BOX 820  
PANAMA CITY FL 32402  
US

SED NETWORK  
P.O. BOX 820  
PANAMA CITY FL 32402

2. Principal Place of Business

2a. Mailing Address

21 SED Network

26 P.O. Drawer 820

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Panama City, FL

28 Panama City, FL

24 Zip

Country

29 Zip

Country

32402

Bay

32402

Bay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FYFE, ANN B.  
500 WEST 11TH STREET  
PANAMA CITY FL 32401

81 Name Sam Fellows  
82 Street Address (P.O. Box Number is Not Acceptable)  
5811 Boatrace Rd  
83  
84 City Panama City FL 85 Zip Code 32405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0509, Florida Statutes.

SIGNATURE

Samuel B. Fellows TREWS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	KITZEROW, JULIE M.	525 EAST 15TH STREET	PANAMA CITY FL	<input checked="" type="checkbox"/>
S	TORRIBLE, LINDA	1311 BALBOA AVE	PANAMA CITY FL	<input type="checkbox"/>
P	CALOHAN, CLAIRE	1311 BALBOA AVE	PANAMA CITY FL	<input type="checkbox"/>
T	FYFE ANN B.	500 WEST 11TH STREET	PANAMA CITY FL 32401	<input type="checkbox"/>
D	ELLISON, PAIGE	119 W 5TH ST	PANAMA CITY FL	<input type="checkbox"/>
D	VERNON, GREG	1311 BALBOA AVE	PANAMA CITY FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V	Donley, Bettye	4415 College Station Rd	Panama City, FL 32404	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Morris, Kathrine	1311 Balboa Ave	Panama City, FL 32401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Stewart, Hester	1037 Arbours Dr.	Panama City, FL 32401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Fellows, Sam	5811 Boatrace Rd.	Panama City, FL 32405	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Stephenson, Gretchen	P.O. Box 586 (NIA)	Panama City, FL 32402	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Vernon, Greg	1311 Balboa Ave	Panama City, FL 32401	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/96 (401) 283-3312

CR2E037 (12/95)