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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.



Principal Place of Business: SED NETWORK P.O. BOX 820 PANAMA CITY FL 32402 US
Mailing Address: SED NETWORK P.O. BOX 820 PANAMA CITY FL 32402-0820

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 02/12/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2746051 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SAM FELLOWS
5811 BOATRACE RD.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS
1. TITLE: V
2. NAME: DONLEY, BETTYE
3. STREET ADDRESS: 4415 COLLEGE STATION RD.
4. CITY - ST - ZIP: PANAMA CITY FL 32404
5. TITLE: S
6. NAME: MORRIS, KATHRINE
7. STREET ADDRESS: 1311 BALBOA AVE
8. CITY - ST - ZIP: PANAMA CITY FL 32401
9. TITLE: P
10. NAME: HESTER
11. STREET ADDRESS: 1037 ARBOURS DR.
12. CITY - ST - ZIP: PANAMA CITY FL 32401
13. TITLE: T
14. NAME: FELLOWS, SAM
15. STREET ADDRESS: 5811 BOATRACE RD.
16. CITY - ST - ZIP: PANAMA CITY FL 32405
17. TITLE: D
18. NAME: STEPHENSON, GRETCHEN
19. STREET ADDRESS: P.O. BOX 586 N/A
20. CITY - ST - ZIP: PANAMA CITY FL 32402
21. TITLE: D
22. NAME: VERNON, GREG
23. STREET ADDRESS: 1311 BALBOA AVE
24. CITY - ST - ZIP: PANAMA CITY FL 32401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE: [Change] [Addition]
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE: [Change] [Addition]
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE: [Change] [Addition]
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE: [Change] [Addition]
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE: [Change] [Addition]
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 contained 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] SAMUEL B. FELLOWS DATE: 28 FEB 97 904 283-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009526

CR2E037 (9/96)