

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N19225**

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

P.O. BOX 794  
PANAMA CITY FL 32402-0794  
US

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90129 039 \*\*\*\*61.25

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2. Principal Place of Business

21 **Children's Home Society**

Suite, Apt. #, etc.

22 **303 Magnolia Avenue**

City & State

23 **Panama City, FL**

Zip

Country

24 **32401**

25 **Bay**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date incorporated or Qualified

**02/12/1987**

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

9. Name and Address of Current Registered Agent

**POTTER, GWEN**  
**1602 DELAWARE AVE**  
**LYNN HAVEN FL 32444**

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

*Gwen Potter*  
Signature, typed or printed name of registered agent and title if applicable.

*Gwen Potter*  
(NOTE: Registered Agent signature required when reinstating)

*1/21/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V  
NAME **BIGGINS, ERICA**  
STREET ADDRESS **926 RADCLIFF AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ DELETE

T  
NAME **POTTER, GWEN**  
STREET ADDRESS **1602 DELAWARE AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ DELETE

P  
NAME **SWANSON, KIM**  
STREET ADDRESS **2774 GLENVIEW AVE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☒ DELETE

S  
NAME **HEARN, URSULA**  
STREET ADDRESS **6912 MINCHEW CT**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ DELETE

D  
NAME **ANCRUM, XURIPHA**  
STREET ADDRESS **325 A JAMES STREET**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ DELETE

D  
NAME **FYFE, ANN**  
STREET ADDRESS **632 BEACHCOMBER DR**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

V  
1.2 NAME **Biggins, Erica**  
1.3 STREET ADDRESS **2859 Paradise Lakes Rd.**  
1.4 CITY-ST-ZIP **Chipley, FL 32428**

2.1 TITLE ☒ Change ☐ Addition

T  
2.2 NAME **Potter, Gwen**  
2.3 STREET ADDRESS **1602 Delaware Ave**  
2.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

3.1 TITLE ☐ Change ☐ Addition

P  
3.2 NAME **Swanson, Kim**  
3.3 STREET ADDRESS **2714 Glenview Ave**  
3.4 CITY-ST-ZIP **Panama City, FL 32405**

4.1 TITLE ☒ Change ☐ Addition

S  
4.2 NAME **Hanks, Janie**  
4.3 STREET ADDRESS **4124 Deer Point Lake Dr.**  
4.4 CITY-ST-ZIP **Panama City, FL 32409**

5.1 TITLE ☒ Change ☐ Addition

Ancrum, Xuripha  
5.2 NAME **308 Cardiff Court**  
5.3 STREET ADDRESS **Panama City, FL 32404**  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Erica Biggins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/17/99*

*872-4720*

CR2E037 (1/198)

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