

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19225

1. Entity Name

BAY COUNTY COUNCIL FOR CHILDREN INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 035 ****61.25

Principal Place of Business

CHILDREN'S HOME SOCIETY
303 MAGNOLIA AVE.
PANAMA CITY FL 32401
US

Mailing Address

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

2. Principal Place of Business

Children's Home Society

3. Mailing Address

Suite, Apt. #, etc. /Bldg H
700 W. 23rd St.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Zip

32401

Country

US

Zip

Country

4. FEI Number

59-2746051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTTER, GWEN
1602 DELAWARE AVE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name Julia C. Phillips

Street Address (P.O. Box Number is Not Acceptable)
127 Hamilton Avenue

City

Panama City

FL

Zip Code
32401

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.

SIGNATURE *Julia C. Phillips* Treasurer

11 Sept 00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIGGINS, ERICA 2859 PARADISE LAKES RD. CHIPLEY FL 32428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTTER, GWEN 1602 DELAWARE AVE LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, KIM 2714 GLENVIEW AVE. PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANKS, JANIE 4124 DEER POINT LAKE DR. PANAMA CITY FL 32409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANCRUM, XURIPHA 308 CARDIFF CT. PANAMA CITY FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FYFE, ANN 632 BEACHCOMBER DR LYNN HAVEN FL 32444	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Biggins Erica 2859 Paradise Lakes Rd. //Chipley, FL 32428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Julia C. Phillips 127 Hamilton Avenue Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kim Swanson 2714 Glenview Ave Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Loretta L. Glass Yor Center Avenue Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Claire Calohan Rhode Island Avenue Panama City Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

Julia C. Phillips Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11 Sept. 00

850-763-7847

Daytime Phone #

CR2E037 (5/00)