## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCU 1. Entity Nam	MENT # N19225	FILE	FILED					
BAY COUNTY COUNCIL FOR CHILDREN INC.				02 SEP 12	02 SEP 12 PM 12: 39			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
KIDS 2715 JANKS AVENUE PANAMA CITY FL 32405 US		P.O. BOX 794 Panama City FL 32402-0794 US				1 A1A11 A1A11 A1A	))) 3(5() (386)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-2746051 Applied For Not Applicate				
Zip	Country	Zip	Country	5. Certificate of Statu		\$8.75 Add	ditional	
	6. Name and Address of Current I	Registered Agent		7. Name and Addres	ss of New Registered A	gent		
			Name	Name				
HANKS, J.	ANIE R POINT LAKE DRIVE	Street Address (		ss (P.O. Box Number is Not	(P.O. Box Number is Not Acceptable)			
	CITY FL 32409	City			FL	Zip Code	e	
	e named entity submits this statement for							
After September 13, 2002, 9. Election Campaigr min. will be \$236.25. Trust Fund Contrib				\$5.00 May Be Added to Fees Make Check Payable to Department of State				
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10	
TITLE Name Street address City-St-Zip	P/ HANKS, JANIE 4124 DEER POINT LAKE DRIVE PANAMA CITY FL 32409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T / ) STEPHENSON, GRETCHON PO BOX 586 PANAMA CITY FL 32402	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEPHENSON, (	GRETCHE	☐ Change	☐ Addition	
TITLE	VP/7>	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME Street address	FELLOWS, SAMUEL 5811 BOAT RACE ROAD	L Delete	NAME Street address City-St-Zip					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FECTOWS, SAMUEL	□ Delete	STREET ADDRESS CITY-ST-ZIP	NCRUM, X L	IRIPHA	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FÉLLÓWS, SAMUEL 5811 BOAT RACE ROAD PANAMA CITY FL 32404 S/ D ANERUM, XURIPHA 308 CARDIFF COURT		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NCRUM, XL	TRIPHA	☐ Change	Addition	

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.

850 769-2738