2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19225

FILED Jan 11, 2004 Secretary of State

Entity Name: BAY COUNTY COUNCIL FOR CHILDREN INC.

	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
	D STREET CITY, FL 32404 US			
urrent Mailing Address:		New Mailing Address:	New Mailing Address:	
.O. BOX ANAMA (794 DITY, FL 324020794 US			
El Number:	59-2746051 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired	()	
ame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
08 CARÓ	XURIPHA IFF COURT CITY, FL 32404 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, o	r both,	
IGNATUF		Data		
	Electronic Signature of Registered			
FFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTOR	
le: ime: dress: by-St-Zin:	PD () Delete HANKS, JANIE 4124 DEER POINT LAKE DRIVE PANAMA CITY, FL 32409	Title: () Change () Addition Name: Address: City-St-Zip:		
ty-St-∠iβ.		-		
le: ime: ldress:	TD () Delete STEPHENSON, GRETCHEN PO BOX 586 PANAMA CITY, FL 32402	Title: () Change () Addition Name: Address: City-St-Zip:		
le: nme: ldress: ty-St-Zip: le: ame: ldress:	STEPHENSON, GRETCHEN PO BOX 586	Title: () Change () Addition Name: Address:		
ty-St-Zip: tle: ame: tdress: ty-St-Zip: tle: ame: tdress: ty-St-Zip: tle: ame: ty-St-Zip: tle: ame: ty-St-Zip:	STEPHENSON, GRETCHEN PO BOX 586 PANAMA CITY, FL 32402 VPD () Delete FELLOWS, SAMUEL 5811 BOAT RACE ROAD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:		
le: me: dress: le: me: dress: le: me: dress: dress: dress: dress:	STEPHENSON, GRETCHEN PO BOX 586 PANAMA CITY, FL 32402 VPD () Delete FELLOWS, SAMUEL 5811 BOAT RACE ROAD PANAMA CITY, FL 32404 SD () Delete ANCRUM, XURIPHA 308 CARDIFF COURT	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANCRUM, XURIPHA P 01/11/2004