

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90020 007 ****61.25

DOCUMENT # N19225

1. Entity Name
BAY COUNTY COUNCIL FOR CHILDREN INC.



Principal Place of Business
**4000 E 3RD STREET
PANAMA CITY, FL 32404 US**

Mailing Address
**P.O. BOX 794
PANAMA CITY, FL 32402-0794 US**

00000003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006 Chg-NP

CR2E037 (4/06)

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

**ANCRUM, XURIPHA
308 CARDIFF COURT
PANAMA CITY, FL 32404**

7. Name and Address of New Registered Agent

Name
Caldwell, Peggy
Street Address (P.O. Box Number is Not Acceptable)
597 West 11th Street

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ANCRUM, XURIPHA**
STREET ADDRESS **308 CARDIFF COURT**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **TD** ☒ Delete
NAME **WARD, SHERI**
STREET ADDRESS **PO BOX 794**
CITY-ST-ZIP **PANAMA CITY, FL 32402**

TITLE **VPD** ☒ Delete
NAME **MAYO, CLINT**
STREET ADDRESS **2916 FAIRMONT DRIVE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **SD** ☐ Delete
NAME **CALDWELL, PEGGY**
STREET ADDRESS **597 WEST 11TH STREET**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☐ Delete
NAME **GLASS, LORETTA**
STREET ADDRESS **921 N CENTER AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☒ Delete
NAME **CRAWFORD, INA**
STREET ADDRESS **P.O. BOX 794**
CITY-ST-ZIP **PANAMA CITY, FL 32402**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **Peggy Caldwell**
STREET ADDRESS **597 West 11th Street**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **TD** ☐ Change ☐ Addition
NAME **Ina Crawford**
STREET ADDRESS **P.O. Box 794**
CITY-ST-ZIP **Panama City, FL 32402**

TITLE **VPD** ☐ Change ☐ Addition
NAME **Sheri Ward**
STREET ADDRESS **P.O. Box 794**
CITY-ST-ZIP **Panama City, FL 32402**

TITLE **SD** ☐ Change ☐ Addition
NAME **Kay Daniels**
STREET ADDRESS **1311 Balboa Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **D** ☐ Change ☐ Addition
NAME **Xuripha Ancrum**
STREET ADDRESS **308 Cardiff Court**
CITY-ST-ZIP **Panama City, FL 32404**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Peggy Caldwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06

Date

856 872-4455 ext 1126

Daytime Phone #