

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19225

FILED  
May 02, 2007  
Secretary of State

Entity Name: BAY COUNTY COUNCIL FOR CHILDREN INC.

**Current Principal Place of Business:**

4000 E 3RD STREET  
PANAMA CITY, FL 32404 US

**New Principal Place of Business:**

130 BYRD DRIVE  
PANAMA CITY, FL 32403

**Current Mailing Address:**

P.O. BOX 794  
PANAMA CITY, FL 324020794 US

**New Mailing Address:**

FEI Number: 59-2746051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CALDWELL, PEGGY  
597 WEST 11TH ST  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

CRAWFORD, INA  
130 BYRD DRIVE  
PANAMA CITY, FL 32404 US

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: INA CRAWFORD

05/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CALDWELL, PEGGY  
Address: 597 WEST 11TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete  
Name: CRAWFORD, INA  
Address: PO BOX 794  
City-St-Zip: PANAMA CITY, FL 32402

Title: VPD ( ) Delete  
Name: WARD, SHERI  
Address: PO BOX 794  
City-St-Zip: PANAMA CITY, FL 32402

Title: SD ( ) Delete  
Name: CALDWELL, PEGGY  
Address: 597 WEST 11TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Delete  
Name: GLASS, LORETTA  
Address: 921 N CENTER AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Delete  
Name: ANCRUM, XURIPHA  
Address: 308 CARDIFF CT  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WARD, SHERI  
Address: 325 MDOS  
City-St-Zip: TYNDALL AFB, FL 32403

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: FELLOWS, SAMUEL  
Address: PO BOX 794  
City-St-Zip: PANAMA CITY, FL 32402

Title: SD (X) Change ( ) Addition  
Name: THOMAS, AMY  
Address: EARLY EDUCATION AND CARE  
City-St-Zip: PANAMA CITY, FL 32401

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 exemption stated 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 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: INA CRAWFORD

TD

05/02/2007

Electronic Signature of Signing Officer or Director

Date