

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19225

1. Corporation Name

BAY COUNTY COUNCIL FOR CHILDREN INC.

Principal Place of Business

Mailing Address

~~YIDS~~
2715 JANKS AVENUE
PANAMA CITY FL 32405
US

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~CARE~~
4000 E. 3rd St

Suite, Apt. #, etc.

City & State
Panama City FL

City & State

Zip
32404

Country
US

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1987

5. FEI Number

59-2746051

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HANKS, JANIE	4124 DEER POINT LAKE DRIVE	PANAMA CITY FL 32409
TD	STEPHENSON, GRETCHEN	PO BOX 586	PANAMA CITY FL 32402
VPD	FELLOWS, SAMUEL	5811 BOAT RACE ROAD	PANAMA CITY FL 32404
SD	ANCRUM, XURIPHA	308 CARDIFF COURT	PANAMA CITY FL 32404
D	GLASS, LORETTA	921 N CENTER AVENUE	PANAMA CITY FL 32401
D	MAYO, CLINT	2916 FAIRMONT DRIVE	PANAMA CITY FL 32405

8. Name and Address of Current Registered Agent

HANKS, JANIE
4124 DEER POINT LAKE DRIVE
PANAMA CITY FL 32409

9. Name and Address of New Registered Agent

Name
Xuripha Ancrum
Street Address (P.O. Box Number is Not Acceptable)
308 Cardiff Court
Suite, Apt. #, Etc.

City
Panama City
State
FL
Zip Code
32404

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

100024863541
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Signature of
Registered Agent

Xuripha Ancrum
REGISTERED AGENT MUST SIGN

Date 11-6-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Xuripha Ancrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-03

Date

850-892-7676

Daytime Phone #

CR2E040 (7/03)