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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19328** (6)

1. Corporation Name

**BEAR CREEK-YOUNGSTOWN LADIES COMMUNITY AUXILIARY
, INC.**

Principal Place of Business

Mailing Address

**11216 LEEDS ST
PANAMA CITY FL 32404**

**11216 LEEDS ST
PANAMA CITY FL 32404-5437**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1987		3a. Date of Last Report 04/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2840420		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, AUBREY
11216 LEEDS ST.
PANAMA CITY FL 32404**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mary Johnson

President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	200002091582-1
NAME	JOHNSON, MARY	1.2 NAME	-02/19/97--01023--001
STREET ADDRESS	11216 LEEDS ST	1.3 STREET ADDRESS	*****61.00 *****61.00
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	200002091582-1
NAME	RUDD, FRANCES	2.2 NAME	-02/19/97--01023--002
STREET ADDRESS	12208 HAPPYVILLE RD	2.3 STREET ADDRESS	*****0.25 *****0.25
CITY-ST-ZIP	YOUNGSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	JOHNSON, AUBREY V	3.2 NAME	
STREET ADDRESS	11216 LEEDS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BOSWELL, BETTY	4.2 NAME	
STREET ADDRESS	12417 HWY 231	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)