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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19598

1. Corporation Name

BAY COUNTY AMATEUR BASEBALL, INC.

Principal Place of Business

% WILLIAM WAYNE BOYD
327 LIDDON PLACE
LYNN HAVEN FL 32444

Mailing Address

% WILLIAM WAYNE BOYD
327 LIDDON PLACE
LYNN HAVEN FL 32444



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/09/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BOYD, WILLIAM WAYNE
327 LIDDON PLACE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BOYD, WILLIAM WAYNE**
STREET ADDRESS **327 LIDDON PLACE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **P** ☐ DELETE
NAME **COMMANDER, CHARLES W.**
STREET ADDRESS **1300 EAST EIGHTH STREET**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D** ☐ DELETE
NAME **LONG, JAMES T., JR.**
STREET ADDRESS **5337 LANCE STREET**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **D** ☐ DELETE
NAME **TERRELL, GARRY**
STREET ADDRESS **505 PALERMO ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ DELETE
NAME **MORRIS, BILLY R**
STREET ADDRESS **1512 GEORGIA AVE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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 with all other like empowered.

SIGNATURE: *William Wayne Boyd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Wayne Boyd

3-8-99

850-265-4309 (H)

Date

Daytime Phone #

CR2E037 (11/98)