

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22591 (4)

1. Corporation Name

BAY COUNTY FIRE PREVENTION COMMITTEE, INC.



Principal Place of Business

Mailing Address

**%CHARLES S. ISLER, III
434 MAGNOLIA AVENUE
PANAMA CITY FL 32401**

**600 E. BUS. HWY 98
PANAMA CITY FL 32401
US**

3. Date Incorporated or Qualified
09/21/1987

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **193 Derby Woods Drive**

22 City & State

27 City & State
Lynn Haven, FL

23 Zip

24 Country

28 Zip

29 Country

30 **USA**

4. FEI Number

59-2911843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**ISLER, CHARLES S.
434 MAGNOLIA AVE.
PANAMA CITY FL 32401**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	AARON, RAYMOND	
STREET ADDRESS	600 E. BUS. HWY. 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLOUNT, JERRY	
STREET ADDRESS	1412 PENNSYLVANIA AVE.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHINN, JAY	
STREET ADDRESS	325 CSC DEF STOP 42	
CITY-ST-ZIP	TYNDALL AFB FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAXTER, STEVE	
STREET ADDRESS	325 CSC DEF STOP 42	
CITY-ST-ZIP	TYNDALL AFB FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, ALVIN	
STREET ADDRESS	715 WEST 15TH ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUYKENDALL, BOB	
STREET ADDRESS	325TH CSG DEF. STOP 42	
CITY-ST-ZIP	TYNDALL AFB FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Tommy Walls	
13 STREET ADDRESS	5708 Cherry Street	
14 CITY-ST-ZIP	Callaway, FL 32404	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert Richardson II	
23 STREET ADDRESS	193 Derby Woods Drive	
24 CITY-ST-ZIP	Lynn Haven, FL 32444	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Trina Goodman	
33 STREET ADDRESS	3708 Atlantis Drive	
34 CITY-ST-ZIP	Southport, FL 32409	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	John Goodman	
53 STREET ADDRESS	3708 Atlantis Drive	
54 CITY-ST-ZIP	Southport, FL 32409	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert Richardson, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96
Date

904/283-2884
Daytime Phone

CR2E037 (12/95)