

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22591** (4)

1. Corporation Name

BAY COUNTY FIRE PREVENTION COMMITTEE, INC.

Principal Place of Business

Mailing Address

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

**193 DERBYWOODS DR.
LYNN HAVEN FL 32444
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1987

3a. Date of Last Report

06/20/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WALLS, TOMMY**
CITY-ST-ZIP **5708 CHERRY ST.
CALLAWAY FL 32404**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **Richardson Robert II**
1.4 CITY-ST-ZIP **193 Derbywoods Dr.
Lynn Haven FL. 32444**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **RICHARDSON, ROBERT II**
CITY-ST-ZIP **193 DERBY WOODS DR.
LYNN HAVEN FL 32444**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **Wilson Cory**
2.4 CITY-ST-ZIP **5209 Henderson Rd.
Panama City FL. 32404**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GOODMAN, TRINA**
CITY-ST-ZIP **3708 ATLANTIS DR.
SOUTHPORT FL 32409**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
3.3 STREET ADDRESS **Baughman Mark D.**
3.4 CITY-ST-ZIP **1140 Transmitter Rd.
Panama City FL. 32401**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BAXTER, STEVE**
CITY-ST-ZIP **325 CSC DEF STOP 42
TYNDALL AFB FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **T**
4.3 STREET ADDRESS **Heinz Brad**
4.4 CITY-ST-ZIP **716 Water Oak Dr.
Panama City Beach FL. 32408**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GOODMAN, JOHN**
CITY-ST-ZIP **3708 ATLANTIS DR.
SOUTHPORT FL 32409**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Prader Jerry**
5.4 CITY-ST-ZIP **944 Agnes Scott Circle
Panama City FL. 32405**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KUYKENDALL, BOB**
CITY-ST-ZIP **325TH CSG DEF. STOP 42
TYNDALL AFB FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Hedges Tom**
6.4 CITY-ST-ZIP **10840 Cowles Rd.
Fountain FL. 32438**

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.

SIGNATURE: **SIGNATURE REQUIRED** Robert Richardson II 19 Aug 1997 850-283-4777

CR2E037 (4/97)