


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 %CHARLES S. ISLER, III 434 MAGNOLIA AVENUE PANAMA CITY FL 32401 | | Mailing Address 193 DERBYWOODS DR. LYNN HAVEN FL 32444 US | | 3. Date Incorporated or Qualified 09/21/1987 | |
| | | | | 4. FEI Number 59-2911843 | Applied For <input type="checkbox"/> Not Applicable |
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City & State 23 | City & State 28 | | | | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | | |

| | | | |
|--|--|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RICHARDSON II, ROBERT 193 DERBYWOODS DR LYNN HAVEN FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P Wilson, Cory 5209 Henderson St. Panama City, FL. 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILSON, CORY 5209 HENDERSON RD PANAMA CITY FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | V Cooper, Jim 2104 Andrews Rd. Lynn Haven, FL. 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BAUGHMAN, MARK D 1140 TRANSMITTER RD PANAMA CITY FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HEINZ, BRAD 716 WATER OAK DR PANAMA CITY BCH FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | T Tomkinson, Dave 2601 Stanford Rd. Panama City, FL. 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRADER, JERRY 944 AGNES SCOTT CIRCLE PANAMA CITY FL <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEDGES, TOM 10840 COWLES RD FOUNTAIN FL <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | D Wooten, John PO Box 10369 Panama City, FL. 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Cory Wilson 22 Jan 1998 (850) 747-5309

CR2E037 (10/97)