

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 030 ****61.25

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

193 DERBYWOODS DR.
LYNN HAVEN FL 32444
US

3. Date Incorporated or Qualified

09/21/1987

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	RICHARDSON II, ROBERT	
STREET ADDRESS	193 DERBYWOODS DR	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, CORY	
STREET ADDRESS	5209 HENDERSON RD	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAUGHMAN, MARK D	
STREET ADDRESS	1140 TRANSMITTER RD	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEINZ, BRAD	
STREET ADDRESS	716 WATER OAK DR	
CITY - ST - ZIP	PANAMA CITY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRADER, JERRY	
STREET ADDRESS	944 AGNES SCOTT CIRCLE	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEDGES, TOM	
STREET ADDRESS	10840 COWLES RD	
CITY - ST - ZIP	FOUNTAIN FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilson, Cory	
1.3 STREET ADDRESS	5209 Henderson St.	
1.4 CITY - ST - ZIP	Panama City, FL 32404	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cooper, Jim	
2.3 STREET ADDRESS	2104 Andrews Rd.	
2.4 CITY - ST - ZIP	Lynn Haven, FL 32444	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tomkinson, Dave	
4.3 STREET ADDRESS	2601 Stanford Rd.	
4.4 CITY - ST - ZIP	Panama City, FL 32405	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wooten, John	
6.3 STREET ADDRESS	PO Box 10369	
6.4 CITY - ST - ZIP	Panama City, FL 32404	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cory Wilson

22 Jan 1998 (850) 747-5309

Date

Daytime Phone # 0010128

CR2E037 (10/97)

29 Apr. 1999

MEMORANDUM FOR: Florida Department of State

FROM: Bay County Fire Prevention Committee, Inc.

Subject: Annual Corporation Renewal

553413-90026-30
N22591


The box 2a entitled mailing address needs to be changed to:

P.O. Box 729
Lynn Haven, FL. 32444

Box 13 needs to read the following individuals as our 1999 officers:

Title P	Wilson, Cory 5209 Henderson St. Panama City, FL. 32404	Title V	Prater, Jerry 944 Agnes Scott Cir. Panama City, FL. 32405
Title S	Baughman, Mark 1140 Transmitter Rd. Panama City, FL. 32401	Title T	Baughman, Mark 1140 Transmitter Rd. Panama City, FL. 32401
Title D	Wells, Gary 2704 Arden Ave. Panama City, FL. 32404	Title D	Walls, Tommy 113 S. Kimbrel Callaway, FL. 32404

If there are any further questions; contact me at (850) 872-2361.


Mark Baughman
Secretary/Treasurer