

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 032 ****61.25

DOCUMENT #

N22591

1. Entity Name

BAY COUNTY FIRE PREVENTION COMMITTEE, INC.

DO NOT WRITE IN THIS SPACE

667869

2. Principal Place of Business

%Charles S. Isler

Suite, Apt. #, etc.

434 Magnolia Ave.

3. Mailing Address

P.O. Box 729

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL 32401

City & State

Lynn Haven, FL

4. FEI Number

592911843

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32444

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Isler, Charles S.

Street Address (P.O. Box Number is Not Acceptable)

434 Magnolia Ave.

City

Panama City

FL

Zip Code

32401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Susan Green
15002 Memorial Circle
Panama City Beach, FL. 32403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph Cocco
221 Boca Shores Drive
Panama City Beach, FL. 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Mark D. Baughman
1140 Transmitter Rd.
Panama City, FL. 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Richard D. Morrison
1412 Pennsylvania Ave.
Lynn Haven, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark D. Baughman

Mark D. Baughman

15 Apr 02 850-872-2361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)