

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90029 014 ****61.25

DOCUMENT # N22591

1. Entity Name

BAY COUNTY FIRE PREVENTION COMMITTEE, INC.



Principal Place of Business

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

Mailing Address

P.O. BOX 729
LYNN HAVEN FL 32444
US

2. Principal Place of Business

3. Mailing Address

2735 SOUTH PLEASANT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OAK CT.

City & State

City & State

PANAMA CITY BEACH, FLORIDA

Zip

Country

Zip

Country

32408

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-2911843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME GREEN, SUSAN
STREET ADDRESS 15002 MEMORIAL CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ROBESON, RICHARD
STREET ADDRESS 2735 SO PLEASANT
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME WELLS, GARY
STREET ADDRESS 2704 ARDEN AVENUE
CITY-ST-ZIP PANAMA CITY BEACH FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME COCCO, JOSEPH
STREET ADDRESS 221 BOCA SHORES DRIVE
CITY-ST-ZIP PANAMA CITY FL 32413

TITLE ☐ Change ☒ Addition
NAME VICE CHAIRMAN
STREET ADDRESS TOM WILLIAMS
CITY-ST-ZIP P.O. BOX 886 LYNN HAVEN, FL 32444

TITLE ☐ Delete
NAME MORRISON, RICHARD D
STREET ADDRESS 1412 PENNSYLVANIA AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ROBESON, RICHARD
STREET ADDRESS 2735 SO PLEASANT OAK CT
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD F ROBESON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

Date

234 5369

Daytime Phone #