FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:27

DOCUMENT # N30015 (4)

1. Corporation Name

THE BAY COUNTY BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SECRETARY/TREASURER P. O. BOX 696 PANAMA CITY FL 32402 US	C/O SECRETARY/TREASURER P. O. BOX 696 PANAMA CITY FL 32402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2958005 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COTHRAN, MONICA L
1610 BECK AVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: Waylon Thompson
82 Street Address (P.O. Box Number is Not Acceptable): 314 Magnolia Avenue
83
84 City: Panama City FL 85 Zip Code: 32401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2-15-95
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	ST
NAME	ROESCH, LAURA
STREET ADDRESS	1610 BECK AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DP
NAME	COTHRAN, MONICA L.
STREET ADDRESS	1610 BECK AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	SIRMONS, DON T.
STREET ADDRESS	300 EAST 4TH STREET
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	BANKS, DONALD J.
STREET ADDRESS	434 MAGNOLIA AVE.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VP
NAME	KIEHN, ROLAND
STREET ADDRESS	220 MCKENZIE AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ST	[X] Change ☐ Addition
12 NAME	Meredith, Matthew C.	
13 STREET ADDRESS	304 South Magnolia Avenue	
14 CITY-ST-ZIP	Panama City, FL 32401	
21 TITLE	DP	[X] Change ☐ Addition
22 NAME	Thompson, Waylon	
23 STREET ADDRESS	314 Magnolia Avenue	
24 CITY-ST-ZIP	Panama City, FL 32401	
31 TITLE	D	[X] Change ☐ Addition
32 NAME	Joe Grammer	
33 STREET ADDRESS	914 Harrison Avenue	
34 CITY-ST-ZIP	Panama City, FL 32401	
41 TITLE	D	[X] Change ☐ Addition
42 NAME	Kimberly F. Pell	
43 STREET ADDRESS	405 Oak Avenue	
44 CITY-ST-ZIP	Panama City, FL 32401	
51 TITLE	VP	[X] Change ☐ Addition
52 NAME	Nancy O'Connor	
53 STREET ADDRESS	914 Harrison Avenue	
54 CITY-ST-ZIP	Panama City, FL 32401	
61 TITLE	D	☐ Change [X] Addition
62 NAME	Marcia Davis	
63 STREET ADDRESS	220 McKenzie	
64 CITY-ST-ZIP	Panama City, FL 32401	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] MATTHEW C. MEREDITH 1/31/95 (904)769-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
SEC/TREAS

0008483