FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N30015

(4)

THE BAY COUNTY BAR ASSOCIATION, INC.

Principal Place	of Business	Mailing Address			
C/O SECRETARY/TREASURER C/O SECRETARY/TREASURER P. O. BOX 696 PANAMA CITY FL 32402 PANAMA CITY FL 32402					
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		12/30/1988 4. FEI Number	02/23/1995
21	loo of Basilosa	26		59-2958005	Applied For
Suite, Apt 1	#, etc.	Suite, Apt #, etc.		39 2930003	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Crty & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	This corporation has liability for in	
24	25 9. Name and Address of Curren	t Registered Agent	30		Yes X No
	5. Italio bita realisa or outlon	t tregistered Agent	81 Name	10. Name and Address of New Ro	agistered Agent
TUOMOG	CAN WAYLON				
THOMPSON, WAYLON 314 MAGNOLIA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable	e)
PANAMA CITY FL 32401			83		
LONGIN	CONT 7 L 32401				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above named oc	rporation submits this statement for the purp	poss of shanning its registered off as
or registere	ed agent, or both, in the State of Florio h, and accept the obligations of, Secti	ia. Such change was authoriz	ad by the corporation's.	board of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE					
-	Signature, typed or printed name of registered agests		TE: Registered Agent signature re	equinic when renstating?	DATE:
12.	OFFICERS AND		13.	ADDITIONS CHANGES TO OFFI	
TIFLE	ST	▼ DEFELE	1 1 TOTLE	S/T/D	Change X Addition
NAME Officer appearance	MEREDITH, MATTHEW C		1.2 NAME	SALE, ROBERT D.	
STREET ADOPESS	304 SOUTH MAGNOLIA AVEN	IUE	1 3 STREET ADDRESS	304 MAGNOLIA AVENUE	
CITY-ST-ZIP TITLE	PANAMA CITY FL DP	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE	PANAMA CITY, FL 32401	Change Addition
NAME	THOMPSON, WAYLON	Постеле	2 2 NAME	D THOMBSON HAVEON	Change Modition
STREET ADDRESS	314 MAGNOLIA AVENUE		2.3 STREET ADDRESS	THOMPSON, WAYLON	
CHTY ST-ZIP	PANAMA CITY FL		2 4 CITY - SI - ZIP	314 MAGNOLIA AVENUE PANAMA CITY, FL 32401	
THILE	D	₹]DELETE	3 1 TITLE	V/D	Change [X] Addition
NAME	GRAMMER, JOE		3 2 NAME	HUNTER, WILLIAM MICHAE	
STREET ADDRESS	914 HARRISON AVENUE		3 3 STREET ADDRESS	460 GRACE AVENUE	. L
CITY - ST - ZIP	PANAMA CITY FL		34 CITY - ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	DELETE	4 1 TITLE	D	☐ Change 😧 Addition
NAME	PELL, KIMBERLY F		4 2 NAME	HARPER, HARRY	
STREET ADDRESS	405 OAK AVENUE		4.3 STREET ADDRESS	55 W. 5th STREET	
CiTY-ST-ZiP	PANAMA CITY FL	[]pc, cvc	4.4 CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	VP	DELETE	5 ! TITLE	P/D	Change
NAME STREET ADDRESS	O'CONNOR, NANCY		5.2 NAME	O'CONNOR, NANCY	
CITY -ST - ZIP	914 HARRISON AVENUE		5 3 STREET ADDRESS	914 HARRISON AVENUE	
TITLE	PANAMA CITY FL D	⊠ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	PANAMA CITY, FL 32401	Change X Addition
NAME	DAVIS, MARCIA	E71 page 14	6 2 NAME	GERDE, JERRY	TT change IVI washida
STRÉET ADORESS	220 MCKENZIE		6 3 STREET ADDRESS	239 E. 4th STREET	
				DANAMA CITY EL 20401	
14. I do hereby	certify that the information supplied v	ith this filing is voluntarily furn	ished and does not qua	PANAMA CITY, FL 32401 lify for the exemption stated in Section 119.0)7(3)(k), Florida Statutes, I further
cerniy ma.	the information indicated on this armu	ai redori of suddiamontal anni	ual redort is true and ac	curate and that my signature shall have the set this report as required by Chapter 617, Flo	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 769343