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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30015** (4)

1. Corporation Name

THE BAY COUNTY BAR ASSOCIATION, INC.



Principal Place of Business C/O SECRETARY/TREASURER P. O. BOX 696 PANAMA CITY FL 32402 US	Mailing Address C/O SECRETARY/TREASURER P. O. BOX 696 PANAMA CITY FL 32402-0696 US
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3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2958005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THOMPSON, WAYLON
314 MAGNOLIA AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STO	1.1 TITLE	STO
NAME	SALE, ROBERT D	1.2 NAME	McCauley, Carroll L.
STREET ADDRESS	304 MAGNOLIA AVE	1.3 STREET ADDRESS	914 Harrison Ave.
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32402
TITLE	D	2.1 TITLE	V/D
NAME	THOMPSON, WAYLON	2.2 NAME	Sale, Robert D.
STREET ADDRESS	314 MAGNOLIA AVENUE	2.3 STREET ADDRESS	304 Magnolia Ave.
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	VD	3.1 TITLE	PD
NAME	HUNTER, WILLIAM MICHEA	3.2 NAME	Hunter, William Michael
STREET ADDRESS	460 GRACE AVE	3.3 STREET ADDRESS	460 Grace Ave.
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	D	4.1 TITLE	
NAME	HARPER, HARRY	4.2 NAME	
STREET ADDRESS	55 W 5TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	D
NAME	O'CONNOR, NANCY	5.2 NAME	O'CONNOR, Nancy
STREET ADDRESS	914 HARRISON AVENUE	5.3 STREET ADDRESS	914 Harrison Ave.
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama City, FL 32402
TITLE	D	6.1 TITLE	
NAME	GERDE, JERRY	6.2 NAME	
STREET ADDRESS	239 E 4TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	

14. I do 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: *Carroll L. McCauley* 2-27-97 (904) 872-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0009480

CR2E037 (9/96)