FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N30015

(4)

THE BAY COUNTY BAR ASSOCIATION, INC.

FILED							
Feb 05 1998	8:00am						
Secretary of	of State						

		11014 110						
Principal Plac	e of Business	Mailing Address						
C/O SECRETAI P. O. BOX 696 PANAMA CITY US		C/O SECRETARY/TREASURE P. O. BOX 696 PANAMA CITY FL 32402 US	ER			3. Date Incorporated or Qualified 12/30/1988 4. FEI Number Applied For 59-2958005 Not Applicable		
	lace of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Fee Required 6. Election Campaign Financing \$5,00 May Be		
22		27				Trust Fund Contribution		
City & State	e	City & State				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	y		8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Currer		30]			Personal Property Tax due June 30. Yes XNo 10. Name and Address of New Registered Agent		
	A. Maine and Modiess of Colle	It Legistered Wallt	81	T	Name	IV. Maine and Address of New Registered Agent		
THOMPS	SON, WAYLON		82	L		as (P.O. Pay Number is Not Assessable)		
314 MAG	GNOLIA AVENUE			1	Street Address	t Address (P.O. Box Number is Not Acceptable)		
PANAMA	A CITY FL 32401		83	1				
			84	7	City	FL 85 Zip Code		
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig	22 and 617.1508, Florida Statutes of Florida. Such change was au	s, the abov	e-n y th	named corpo ne corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE			_					
12.	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: ID DIRECTORS	Registered Ag	eni e	signature required	d when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD OFFICERS AN	DELETE	1.1 TITLE		155	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SALE, ROBERT D		1.2 NAME		PD	- • -		
STREET ADDRESS	304 MAGNOLIA AVE		1.3 STREE	T ADI		LE, ROBERT D. 4 MAGNOLIA AVE.		
CITY+ST-ZIP	PANAMA CITY FL		1.4 CITY-	ST - Z		TAMA CTOV DI 22401		
TITLE	VD	☐ DELETE	2.1 TITLE		1	1 Utange ¥ Addition		
NAME OTREET ADDRESS	sale robert d 304 magnolia ave		2.2 NAME	r 4 N	PMCC	CAULEY, CARROLL JR.		
STREET ADDRESS CITY-ST-ZIP	PANAMA CITY FL		2.3 STREET 2.4 CITY-			4 HARRISON AVENUE NAMA CITY, FLORIDA 32401		
TITLE	PD	DELETE	3.1 TITLE	31-7	ST	Change Addition		
NAME	HUNTER, WILLIAM MICHEA		3.2 NAME		1	YD, CECILIA REDDING		
STREET ADDRESS	460 GRACE AVE		3.3 STREE	T ADI		3 HARRISON AVENUE		
CITY-\$T-ZIP	PANAMA CITY FL	- December	3.4. CITY -	ST-Z	ZIP PAN	NAMA CITY, FLORIDA 32401		
TITLE	D Harper, Harry	☐ DELETE	4.1 TITLE		D	☐ Change KJ Addition		
NAME Street address	55 W 5TH ST		4. 2 NAME 4.3 STREET			RNER, TIM		
CITY-\$T-ZIP	PANAMA CITY FL		4.4 CITY-		[22]	l MCKENZIE AVENUE		
TITLE	D	X DELETE	5.1 TITLE		PAN	VAMA CITY, FLORIDA 3240 change Addition		
NAME	O'CONNOR, NANCY		5.2 NAME		THO	OMPSON, WAYLON		
STREET ADDRESS	914 HARRISON AVENUE		5.3 STREET	ADI		4 MAGNOLIA AVENUE		
CITY-ST-ZIP	PANAMA CITY FL	- I or etc	5.4 CITY-5	ŝT-Z	IP PAN	NAMA CITY, FLORIDA 32401		
TITLE	D DEDUC ICODY	☐ DELETE	6.1 TITLE		D	Change Addition		
NAME CTOCCT ADDRESS	GERDE, JERRY 239 E 4TH ST		6.2 NAME	r gran	F .	NTER, WILLIAM MICHAEL		
STREET ADDRESS CITY-ST-ZIP	DANIALIA OITU FI		6.3 STREET 6.4 CITY - S		1400	GRACE AVENUE		
dd Ibarah	a different that information according to	ith this filing does not qualify for	Aba ausans	4:00	o otota i in in	AMA CITY FLORIDA 32401 ection 119.07(3)(i), Plorida Statutes. I further certify that the information		
inclicated 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: (10) 10, 470 dd 10 to 100 WX 1-20-97 850/163-1787								