

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90068 035 ****61.25

DOCUMENT # N30015

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/30/1988

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

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

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SALE, ROBERT D
STREET ADDRESS 304 MAGNOLIA AVE
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE VD
NAME SALE ROBERT D
STREET ADDRESS 304 MAGNOLIA AVE
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE PD
NAME HUNTER, WILLIAM MICHEA
STREET ADDRESS 460 GRACE AVE
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE D
NAME HARPER, HARRY
STREET ADDRESS 55 W 5TH ST
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE VD
NAME MCCAULEY, CARROLL J
STREET ADDRESS 914 HARRISON AVE
CITY-ST-ZIP PANAMA CITY FL 32401

DELETE

TITLE D
NAME GERDE, JERRY
STREET ADDRESS 239 E 4TH ST
CITY-ST-ZIP PANAMA CITY FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - DIRECTOR
1.2 NAME MCCAULEY, CARROLL L., III
1.3 STREET ADDRESS 1003 JENKS AVENUE
1.4 CITY-ST-ZIP Panama City, FL 32401

Change Addition

2.1 TITLE VICE PRESIDENT - DIRECTOR
2.2 NAME BOYD, CECILIA REDDING
2.3 STREET ADDRESS 833 HARRISON AVE.
2.4 CITY-ST-ZIP PANAMA CITY, FL 32401

Change Addition

3.1 TITLE ST - D
3.2 NAME SALE, KELLY MONTOSH
3.3 STREET ADDRESS 315 E. 4th ST.
3.4 CITY-ST-ZIP P.C., FL 32401

Change Addition

4.1 TITLE D
4.2 NAME BODIFORD, LARRY A
4.3 STREET ADDRESS 620 MCKENZIE AVE.
4.4 CITY-ST-ZIP P.C., FL 32401

Change Addition

5.1 TITLE D
5.2 NAME JENKS, ALLEN N., JR.
5.3 STREET ADDRESS 239 E. 4th ST.
5.4 CITY-ST-ZIP P.C. FL 32401

Change Addition

6.1 TITLE D
6.2 NAME WARNER, WILLIAM G.
6.3 STREET ADDRESS 221 MCKENZIE AVE
6.4 CITY-ST-ZIP P.C. FL 32401

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

(850)
763-6865

CR2E037 (1/98)