

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90017 008 \*\*\*\*70.00

<b>DOCUMENT # N34340</b> 1. Entity Name <b>FAMILY SERVICE AGENCY OF BAY COUNTY, INC.</b>					
Principal Place of Business <b>890 W 11TH STREET</b> <b>PANAMA CITY, FL 32401 US</b>			Mailing Address <b>P O BOX 752</b> <b>PANAMA CITY, FL 32402 US</b>		
2. Principal Place of Business - No P.O. Box # <b>114 East 9th Street</b> Suite, Apt. #, etc. <b>Panama City, FL</b> City & State <b>32401 USA</b>			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country		
4. FEI Number <b>59-6013413</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>WISE, DIANE</b> <b>890 W 11TH STREET</b> <b>PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name <b>Wise, Diane</b> Street Address (P.O. Box Number is Not Acceptable) <b>114 East 9th Street</b> <b>Panama City</b> City <b>FL</b> Zip Code <b>32401</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Diane M. Wise</i></u> <b>Feb. 26, 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WISE, DIANE</b> <b>3305 E. ORLANDO ROAD</b> <b>PANAMA CITY, FL 32405</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SHAFFER, KENNETH</b> <b>1911 CLAY AVE</b> <b>PANAMA CITY, FL 32405</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TROMBLY, KATHY</b> <b>7528 KINGSWOOD Road</b> <b>SOUTHPORT, FL. 32409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TALIAFERRO, JAMES</b> <b>420 HARVARD STREET</b> <b>LYNN HAVEN, FL 32444</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CORDER, KIM</b> <b>6108 HWY 98</b> <b>PANAMA CITY, FL 32404</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CORDER, KIM</b> <b>1042 MECHE DRIVE</b> <b>PANAMA CITY, FL. 32404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRAVO, SUSAN</b> <b>125 HAMILTON AVE</b> <b>PANAMA CITY, FL 32401</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u><i>Diane M. Wise</i></u> <b>Diane M. Wise</b> <b>Feb. 26, 2007</b> <b>785-1721</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					