


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N34340 1. Entity Name FAMILY SERVICE AGENCY OF BAY COUNTY, INC.	
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Principal Place of Business 114 EAST 9TH STREET PANAMA CITY, FL 32401 US	Mailing Address P O BOX 752 PANAMA CITY, FL 32402 US
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02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6013413	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WISE, DIANE 114 EAST 9TH STREET PANAMA CITY, FL 32401
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DO NOT WRITE
IN THIS SPACE

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 Diane M. Wise (Executive Director) Diane M. Wise Feb. 12, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISE, DIANE 3305 E. ORLANDO ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TROMBLY, KATHY 7528 KINGSWOOD ROAD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALIAFERRO, JAMES 420 HARVARD STREET LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDER, KIM 1042 MECHE DRIVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAVO, SUSAN 125 HAMILTON AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000828238
02/25/08-80006-015 70.00

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IN THIS SPACE

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.

SIGNATURE: Diane M. Wise Diane M. Wise Feb. 12, 2008 850-785-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #