

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-80001451981
-04/10/95--01042--002
DO NOT WRITE IN THESE SPACES \$130.00

DOCUMENT # N93000005333 (0)

1. Corporation Name

BAY CONSORTIUM FOR COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

**2305 HIGHWAY 77
PANAMA CITY FL 32401**

Mailing Address

**2305 HIGHWAY 77
PANAMA CITY FL 32401**

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

03/11/1994

4. FBI Number **59-2259772**

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, RAYMOND
2305 HIGHWAY 77
PANAMA CITY FL 32401**

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **STEIN, ANDREW**
STREET ADDRESS **144 HARRISON AVENUE**
CITY - ST - ZIP **PANAMA CITY FL 32401**

1.1 TITLE **D**
1.2 NAME **STEIN, ANDREW**
1.3 STREET ADDRESS **144 HARRISON AVENUE**
1.4 CITY - ST - ZIP **PANAMA CITY, FL 32401**

☒ Change ☐ Addition

TITLE **D**
NAME **CLEMENT, EUGENE**
STREET ADDRESS **101 EAST 23RD STREET**
CITY - ST - ZIP **PANAMA CITY FL 32401**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **POWELL, RAYMOND**
STREET ADDRESS **2305 HIGHWAY 77**
CITY - ST - ZIP **PANAMA CITY FL 32401**

3.1 TITLE **CD**
3.2 NAME **POWELL, RAYMOND**
3.3 STREET ADDRESS **2305 HWY 77**
3.4 CITY - ST - ZIP **PANAMA CITY, FL 32405**

☒ Change ☐ Addition

TITLE **D**
NAME **MILES, KEVAN**
STREET ADDRESS **112 WEST 23RD STREET**
CITY - ST - ZIP **PANAMA CITY FL 32401**

4.1 TITLE **D**
4.2 NAME **DRESSER, DONALD**
4.3 STREET ADDRESS **112 WEST 23RD STREET**
4.4 CITY - ST - ZIP **PANAMA CITY FL 32401**

☒ Change ☐ Addition

TITLE **D**
NAME **HULL, DECK**
STREET ADDRESS **638 HARRISON AVENUE**
CITY - ST - ZIP **PANAMA CITY FL 32401**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **VANLANDINGHAM, ROBERT**
STREET ADDRESS **480 WEST 23RD STREET**
CITY - ST - ZIP **PANAMA CITY FL 32401**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95

Signature (Name)

0001121