

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005333 (0)

1. Corporation Name

BAY CONSORTIUM FOR COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2305 HIGHWAY 77
PANAMA CITY FL 32401

2305 HIGHWAY 77
PANAMA CITY FL 32401



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 2305 Highway 77		11/19/1993		04/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2259742		<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Panama City, Florida		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		25 32405		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POWELL, RAYMOND
2305 HIGHWAY 77
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name	Bowers, Thomas K.
82 Street Address (P.O. Box Number is Not Acceptable)	2305 Highway 77
83	
84 City	Panama City
85 Zip Code	FL 32405

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

Thomas K. Bowers

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

(NOTE: Registered Agent signature required when reinstating)

2/27/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, ANDREW	1.2 NAME	Bowers, Thomas K.
STREET ADDRESS	144 HARRISON AVENUE	1.3 STREET ADDRESS	2305 Highway 77
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	Panama City, Florida 32405
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, EUGENE	2.2 NAME	Powell, Raymond
STREET ADDRESS	101 EAST 23RD STREET	2.3 STREET ADDRESS	2305 Highway 77
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	Panama City, Florida 32405
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, RAYMOND	3.2 NAME	VanLandingham, Robert
STREET ADDRESS	2305 HIGHWAY 77	3.3 STREET ADDRESS	469 West 23rd Street
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	Panama City, Florida 32405
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSER, DONALD	4.2 NAME	
STREET ADDRESS	112 WEST 23RD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, DECK	5.2 NAME	
STREET ADDRESS	638 HARRISON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANLANDINGHAM, ROBERT	6.2 NAME	
STREET ADDRESS	469 WEST 23RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	6.4 CITY-ST-ZIP	

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

1/24/96

DATE

904 797 4505

Daytime Phone #

CR2E037 (12/95)