


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005333 (0)**

1. Corporation Name

BAY CONSORTIUM FOR COMMUNITY DEVELOPMENT, INC.



Principal Place of Business 2305 HIGHWAY 77 PANAMA CITY FL 32405	Mailing Address 2305 HIGHWAY 77 PANAMA CITY FL 32405
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3. Date Incorporated or Qualified 11/19/1993
4. FEI Number 59-2259742
Applied For Not Applicable

2. Principal Place of Business 21 469 W 23rd Street Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32405	2a. Mailing Address 26 Post Office Box 4833 Suite, Apt. #, etc. 27 City & State 28 Panama City, FL Zip 29 32401
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BOWERS, THOMAS K
2305 HIGHWAY 77
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent
81 Name Sheila S. Ware
82 Street Address (P.O. Box Number is Not Acceptable) 2629 W 10th Street
83
84 City Panama City
85 Zip Code FL 32401

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 Sheila S. Ware **Sheila S. Ware, Secretary** **04/30/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEIN, ANDREW		1.2 NAME Eugene Clement	
STREET ADDRESS 144 HARRISON AVENUE		1.3 STREET ADDRESS 101 East 23rd Street	
CITY-ST-ZIP PANAMA CITY FL 32401		1.4 CITY-ST-ZIP Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLEMENT, EUGENE		2.2 NAME J. W. Ginn	
STREET ADDRESS 101 EAST 23RD STREET		2.3 STREET ADDRESS 469 W 23rd Street	
CITY-ST-ZIP PANAMA CITY FL		2.4 CITY-ST-ZIP Panama City, FL 32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWELL, RAYMOND		3.2 NAME	
STREET ADDRESS 2305 HIGHWAY 77		3.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32405		3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAHN, LES		5.2 NAME	
STREET ADDRESS 59 HARRISON AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANGER, BOBBY		6.2 NAME	
STREET ADDRESS 638 HARRISON AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

A. W. Ginn J. W. Ginn

(850) 747-4505

CR2E037 (10/97)