

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90014 036 \*\*\*\*61.25

**DOCUMENT # N93000005333**

1. Corporation Name

**BAY CONSORTIUM FOR COMMUNITY DEVELOPMENT, INC.**

Principal Place of Business

469 W 23RD ST  
PANAMA CITY FL 32405  
US

Mailing Address

POB 4833  
PANAMA CITY FL 32401  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/19/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2259742

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARE, S S  
2629 W 10TH ST  
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 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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D CLEMENT, U  
STREET ADDRESS  
101 E 23 ST  
CITY-ST-ZIP  
PANAMA CITY F 32405

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D POWELL, RAYMOND  
STREET ADDRESS  
2305 HIGHWAY 77  
CITY-ST-ZIP  
PANAMA CITY FL 32405

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D DRESSER, DONALD  
STREET ADDRESS  
112 WEST 23RD STREET  
CITY-ST-ZIP  
PANAMA CITY FL 32401

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
CD GINN, J W  
STREET ADDRESS  
469 W 23 ST  
CITY-ST-ZIP  
PANAMA CITY FL 32405

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.5 STREET ADDRESS  
2.6 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)(l), 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Daytime Phone #

CR2E037 (1/98)