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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000000638

1. Corporation Name

BAY COUNTY MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 15621
PANAMA CITY FL 32406-5621

Mailing Address

P.O. BOX 15621
PANAMA CITY FL 32406-5621



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAZARD, HENRY
1137 GRACE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

Ron Ball

82 Street Address (P.O. Box Number is Not Acceptable)

213 Carolyn Ave

83

84 City

Panama City Beach, FL

85 Zip Code

32407

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

Ron Ball

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAZARD, HENRY	
STREET ADDRESS	1137 GRACE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, EARL	
STREET ADDRESS	2220 E 3RD ST	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BELLMAN, ROBERT	
STREET ADDRESS	1918 LOMBARDY AVE	
CITY-ST-ZIP	PANAMA CITY FL FL 32405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ron Ball	
1.3 STREET ADDRESS	213 Carolyn Ave	
1.4 CITY-ST-ZIP	Panama City Beach, FL 32407	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Greg George	
2.3 STREET ADDRESS	10620 Hutchinson Blvd	
2.4 CITY-ST-ZIP	Panama City Beach, FL 32407	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kim Purl	
3.3 STREET ADDRESS	3610 W. 17th St	
3.4 CITY-ST-ZIP	Panama City, FL 32401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

Ron Ball REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)