

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90156 038 ****61.25

0009949

DOCUMENT # N97000000041

1. Corporation Name

OPTI-MYSTICS FOUNDATION OF BAY COUNTY, INC.

Principal Place of Business

JENKS AVENUE
P.O. BOX 16293
PANAMA CITY FL 32405

Mailing Address

JENKS AVENUE
P.O. BOX 16293
PANAMA CITY FL 32405



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

12/27/1996

4. FEI Number

59-3298611

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

DRAKE, RUSSELL B
153 LEGEND LAKES DRIVE
PANAMA CITY FL 32411

10. Name and Address of New Registered Agent

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MIDDLETON, JAMES R
STREET ADDRESS 1316 POMPANO ROAD
CITY-ST-ZIP PANAMA CITY FL 32411 ☐ DELETE

TITLE PD
NAME CONRAD, TED H
STREET ADDRESS 3701 TIPPECANOE LANE
CITY-ST-ZIP SOUTHPORT FL 32409 ☐ DELETE

TITLE SD
NAME CONRAD, INA J
STREET ADDRESS 3701 TIPPECANOE LANE
CITY-ST-ZIP SOUTHPORT FL 32409 ☒ DELETE

TITLE TD
NAME DRAKE, RUSSELL B
STREET ADDRESS 153 LEGEND LAKES DR
CITY-ST-ZIP PANAMA CITY FL 32411 ☐ DELETE

TITLE VD
NAME PITTS, JANET
STREET ADDRESS 4034 HOBBS ROAD
CITY-ST-ZIP SOUTHPORT FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VD ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ 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 a power like empowered.

SIGNATURE:

Russell B Drake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 8:50-234-4393

Date

Daytime Phone #

CR2E037 (1/98)