

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90013 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001196					
1. Corporation Name COME AS YOU ARE CLUB OF BAY COUNTY, INC.					
Principal Place of Business 8317 FRONT BEACH RD. ALT US 98 UNI 34C. PROMENASDE MALL PANAMA CITY BEACH FL 32408			Mailing Address P O BOX 9945 PANAMA CITY BEACH FL 32417-945 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	9. Name and Address of Current Registered Agent	
MOORE, JAMES 1704 FOSTER PANAMA CITY FL 32405				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D	☐ DELETE			
NAME	MOORE, JAMES				
STREET ADDRESS	1704 FOSTER				
CITY-ST-ZIP	PANAMA CITY FL 32405				
TITLE	D	☐ DELETE			
NAME	NESSLER, JOHN W				
STREET ADDRESS	121 PALM HARBOUR BLVD				
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408				
TITLE	D	☐ DELETE			
NAME	MCFALL, EDWARD				
STREET ADDRESS	115 1/2 E 15TH ST				
CITY-ST-ZIP	PANAMA CITY FL 32405				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	☐ Change ☐ Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	☐ 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	☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 18/99 230 0044

CR2E037 (11/98)