

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000001488 (2)**

1. Corporation Name

**FUTURE CHOICES, INCORPORATED**



Principal Place of Business <b>608 E 6TH CT PANAMA CITY FL 32401</b>	Mailing Address <b>608 E 6TH CT PANAMA CITY FL 32401</b>
---	---

3. Date Incorporated or Qualified <b>03/12/1997</b>
4. FEI Number <b>59-3442521</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 810 Grace Avenue</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Panama City, FL</b> Zip <b>24 32401</b>	2a. Mailing Address <b>26 810 Grace Avenue</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Panama City, FL</b> Zip <b>29 32401</b>
Country <b>25 Bay</b>	Country <b>30 Bay</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 <b>WILLIAMS, PATTI L 608 E 6TH CT PANAMA CITY FL 32401</b>
---

10. Name and Address of New Registered Agent <b>81 Name Patti L. Williams</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 2404 W. Beach Drive</b> <b>83</b> <b>84 City Panama City FL 85 Zip Code 32402</b>
--

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, PATTI L</b>
STREET ADDRESS	<b>4002 MILANO RD</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BARNES, MARY H</b>
STREET ADDRESS	<b>814 NEW YORK AVE</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WORLEY, VIRGINIA M</b>
STREET ADDRESS	<b>306 CARDIFF CT</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, JULIE A</b>
STREET ADDRESS	<b>2106 ALAMO ST</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BOWEN, IRENE H</b>
STREET ADDRESS	<b>3910 WAVE AVE</b>
CITY-ST-ZIP	<b>SPRINGFIELD FL 32404</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THOMAS, MICHAEL L</b>
STREET ADDRESS	<b>304 CARDIFF CT</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Williams, Patti L.</b>
1.3 STREET ADDRESS	<b>2404 W. Beach Dr.</b>
1.4 CITY-ST-ZIP	<b>Panama City, FL 32402</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Dubuisson, Paula J.</b>
2.3 STREET ADDRESS	<b>1405 W. Beach Dr.</b>
2.4 CITY-ST-ZIP	<b>Panama City, FL 32401</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Clark, Julie A.</b>
4.3 STREET ADDRESS	<b>2106 Alamo St.</b>
4.4 CITY-ST-ZIP	<b>Panama City, FL 32405</b>
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.

SIGNATURE:

*[Handwritten Signature]*

5/20/98

(604) 740-5533 EXT 23

CR2E037 (10/97)