

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90290 041 ****70.00

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1. Corporation Name

FUTURE CHOICES, INCORPORATED

Principal Place of Business

810 GRACE AVE
PANAMA CITY FL 32401
US

Mailing Address

810 GRACE AVE
PANAMA CITY FL 32401
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/12/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3442521

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, PATTI L
2404 W BEACH DR
PANAMA CITY FL 32402

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILLIAMS, PATTI L
STREET ADDRESS 2404 W BEACH DR
CITY-ST-ZIP PANAMA CITY FL 32402

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DUBUISSON, PAULA J
STREET ADDRESS 1405 WEST BEACH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☒ DELETE
NAME CLARK, JULIE A
STREET ADDRESS 2106 ALAMO STREET
CITY-ST-ZIP PANAMA CITY FL 32405

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Mildred P. Mills
3.3 STREET ADDRESS 4608 Schooner Lane
3.4 CITY-ST-ZIP Lynn Haven, Florida 32444

TITLE D ☒ DELETE
NAME RANKIN, SHERRY
STREET ADDRESS 208 EAST CENTRAL AVENUE
CITY-ST-ZIP BLOUNTSTOWN FL 32424

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Sandra T. Garmon
4.3 STREET ADDRESS 125 Palm Harbour Blvd.
4.4 CITY-ST-ZIP Panama City Beach, Florida 32408

TITLE D ☐ DELETE
NAME THOMAS, MICHAEL L
STREET ADDRESS 304 CARDIFF COURT
CITY-ST-ZIP PANAMA CITY FL 32404

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BOWEN, IRENE H
STREET ADDRESS 3910 WAVE AVENUE
CITY-ST-ZIP SPRINGFIELD FL 32404

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 (850) 785-4010

Date

Daytime Phone #

CR2E037 (1/98)