

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-14-2004 90002 023 *****61.25

6/14

DOCUMENT # N97000002021

1. Entity Name

BAY AICE PARENTS, INC.



Principal Place of Business

1200 HARRISON AVE.
PANAMA CITY FL 32401

Mailing Address

1200 HARRISON AVE.
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

66429740



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCAULEY, CARROLL L
36 OAK AVE.
PANAMA CITY FL 32401

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PALMER, BECKY**
STREET ADDRESS **513 PARKWOOD DR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **TD** ☒ Delete
NAME **BEASLEY, KERRIE**
STREET ADDRESS **1859 TUPELO DR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **SD** ☒ Delete
NAME **GREENE, KATHY**
STREET ADDRESS **2817 LONGLEAF RD.**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Janis E. Simonds - Secretary** ☐ Change ☒ Addition
NAME
STREET ADDRESS **2920 Marion Dr.**
CITY-ST-ZIP **Panama City FL 32405**

TITLE **Kris Palfrey - Treasurer** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1200 Harrison Avenue**
CITY-ST-ZIP **Panama City FL 32401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janis E. Simonds

Janis E. Simonds

6-9-04

850-872-4600 x4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #