FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT STATE

Sandra B. Mortin

Secretary of Sta DIVISION OF CORPORIONS

N9700006419 (2) DOCUMENT #

FRANK NELSON PARK FOUNDATION, INC.

APPROVES AND FILED

98 Jul 16 AM 9: 47

SECRETARY OF STATE TALL AHASSEE, FLORIDA



(840) 769-0329

Principal Plac	e of Business	Mailing Add	Mailing Address						
9 HARRISON AVENUE PANAMA CITY FL 32401			POST OFFICE BOX 1880 PANAMA CITY FL 32401			3. Date Incorporated or Qualified			
						4. FEI Number	Appli Not A	ied For Applicable	
2. Principal P	Place of Business	2a. Mailing A	2a. Mailing Address				ate of Status Desired		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					. 00 Ma		
22		27				Trust Fund Contribution Added to Fees			
City & Stat	6	City & State				7. Is this nonprofit corporation a homeowners association?			
23		28				8. This corporation owes or has paid the current ye		naible	
Zip	Country	Zip		Coutr	у	Personal Property Tax due June 30. Yes	X	No	
24	9. Name and Address of Curre	29 ent Registered Age		30		10. Name and Address of New Registered Agent	ı		
					Name				
HAMMONS, KEN					2 Stroot Add	dress (P.O. Box Number is Not Acceptable)			
	ISON AVENUE			Γ,	STEEL AU	JIGSS (F.O. DOX HOLLDON TO THE TOTAL TOTAL TO THE TOTAL T			
	A CITY FL 32401			B	3				
				8	4 City	85	Zip Co	ode	
				F	1 ' '	FL "	<u></u>		
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, F	lorida Statutes	s, the alo	ve-named co	rporation submits this statement for the purpose of char etion's board of directors. I hereby accept the appointm	nging its nent as re	egistered	
office or r	eg istered agent, or both, in the Stat I m f amiliar with, and accept the obliq	le of Fiorida, Such c gations of, Section €	shange was au 617.0503, Flor	ithorizei i ida Staut	by the corpor es.	rporation submits this statement for the pulpose of char ation's board of directors. I hereby accept the a ppointm		•	
SIGNATURE .		-							
	Signature, typed or printed name of registered as		(NOTE		gent signature rec	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRI	FCTORS	IN 12	
12.		ND DIRECTORS	DELETE	13.			Change	Addition Addition	
TITLE	D CTOVES MICHAEL M.D.	L] nereic	1.1 TITLE	1		-		
NAME	STOKES, MICHAEL M.D.			1.2 NAM	· •				
STREET ADDRESS	3124 KINGS DRIVE PANAMA CITY FL 32405				ET ADDRESS				
CITY-ST-ZIP	D PANAMA CITT PL 32403	·····	DELETE	2.1 TITU	-ST-ZIP		Change	Additio	
TITLE	HAMMONDS, ROBERT	-] prtrit	22 NAW	Į.				
NAME OTREET ADDRESS	4808 PARK BOULEVARD			4	EET ADDRESS				
STREET ADDRESS	PANAMA CITY FL 34204				Y-ST-21P				
CITY-ST-ZIP TITLE	0		DELETE	3.1 TiTL			Change	Additio	
NAME	GILBERT, REGGIE	L		3.2 NAN					
STREET ADDRESS	3143 WOODVALLEY ROAD				eet address				
CITY-ST-ZIP	PANAMA CITY FL 32405			4	Y-ST-ZIP				
TITLE	D	L	DELETE	4.1 TITL			Change	Additio	
NAME	LAYMAN, RICK			4. 2 NA	ME				
STREET ADDRESS	2117 PITTMAN DRIVE			4.3 STR	EET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405			4.4 CIT	Y-ST-ZIP			1 4 4 190	
TITLE	D	L	DELETE	5.1 T(TL	E	i Li	Change	Additi	
NAME	DOUGHERTY, ROBERT			5.2 NAM	AE				
STREET ADDRESS	3301 HARBOR PLACE			5.3 STR	EET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405				Y-ST-ZIP		Choras	Additi	
TITLE			DELETE	6.1 TITI			Change	L. AUUNI	
NAME				6.2 NAI	AE				
STREET ADDRESS				6.3 STR	EET ADDRESS				
CITY-ST-ZIP]			6.4 CIT	Y-ST-ZIP	The state of the s	that the	informatic	
City-\$t-ZiP 14. Libereby o	cartify that the information supplied	with this filing does	not qualify for	the exe	nption stated	in Section 119.07(3)(i), Florida Statutes. I further certify	that the	inform	

Indicated on this annual report or supplied with this limit does not quality for the excitate 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.