

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N98000002428

1. Entity Name
ADVOCATES OF BAY COUNTY BOOT CAMP, INC.



FILED
Aug 02, 2004 08:00 AM
Secretary of State

Principal Place of Business
456 E 11TH STREET
PANAMA CITY, FL 32401

Mailing Address
456 E 11TH STREET
PANAMA CITY, FL 32401



07262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3517117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, MICHAEL B
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAFFER, KEN
STREET ADDRESS 1911 CLAY AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE TD
NAME SHAFFER, KEN
STREET ADDRESS 1911 CLAY AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE STD
NAME CARUTHERS, GENIE
STREET ADDRESS 1123 BABBY LANE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D
NAME BURCH, HATTIE
STREET ADDRESS 1002 MAPLE AVENUE
CITY-ST-ZIP PANAMA CITY, FL 324020820

TITLE D
NAME AMMONS, JOHN
STREET ADDRESS 5230 WEST HWY 98
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D
NAME BOOTH, JOEL
STREET ADDRESS BOX 1200
CITY-ST-ZIP PANAMA CITY, FL 32402

U00000169213
08/02/04-80015-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Genie Caruthers* *Genie Caruthers* 7/26/04 850-871-1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #