

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N98000002428

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



Principal Place of Business

456 E 11TH STREET
PANAMA CITY, FL 32401

Mailing Address

456 E 11TH STREET
PANAMA CITY, FL 32401

FILED
Apr 07, 2005 08:00 AM
Secretary of State



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03032005 No Chg-NP

CR2E037 (10/03)

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

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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 May 1, 2005

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

000000292402
04/07/05-80070-015 61.25

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IN THIS SPACE**

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:

Genie Caruthers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

850-812-7830

Daytime Phone #