2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N98000003987

Entity Name: THE BAY COUNTY CONSERVANCY, INC.

Current Principal Place of Business:

120 EAST 2ND PLACE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

120 EAST 2ND PLACE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3511295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARBISON, CANDIS
120 EAST 2ND PLACE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARBISON, CANDIS
Address: 120 EAST 2ND PLACE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: KOLK, JACALYN N ESQ.
Address: 160 BECK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: PARKER, AUDREY
Address: 1546 CINCINNATI AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: GERDE, JERRY W ESQ.
Address: 239 E. 4TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: PARELL, G J
Address: 330 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HOUSER, RON
Address: 1845 W. 24TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LAMB, NEIL
Address: 914 TECH DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDIS M. HARBISON D 01/14/2005

Electronic Signature of Signing Officer or Director — Date