

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003987**

1. Entity Name  
THE BAY COUNTY CONSERVANCY, INC.



Principal Place of Business  
120 EAST 2ND PLACE  
PANAMA CITY, FL 32401

Mailing Address  
120 EAST 2ND PLACE  
PANAMA CITY, FL 32401



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3511295

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HARBISON, CANDIS  
120 EAST 2ND PLACE  
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 registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000797314  
01/23/08-80068-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HARBISON, CANDIS  
STREET ADDRESS 120 EAST 2ND PLACE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME KOLK, JACALYN N ESQ.  
STREET ADDRESS 160 BECK AVENUE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME HOUSER, RON  
STREET ADDRESS 1845 W. 24TH COURT  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D  
NAME GERDE, JERRY W ESQ.  
STREET ADDRESS 239 E. 4TH STREET  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME PARELL, G J  
STREET ADDRESS 330 W 23RD STREET  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Candis Harbison* Candis Harbison

2-14-08 850-822-8260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #