

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004003

1. Entity Name

BAY COUNTY D.A.R.E. OFFICERS ASSOCIATION, INC.

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90069 040 \*\*\*\*61.25

0062534

Principal Place of Business  
**FRATERNAL ORDER OF POLICE LODGE 130**  
**1209 E 15TH STREET**  
**PANAMA CITY FL 32405**

Mailing Address  
**PO BOX 36151**  
**PANAMA FL 32412-6151**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3533585**

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**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	MCCURDY, WILLIAM	1209 E 15TH ST	PANAMA CITY FL 32405	<input type="checkbox"/>
DV	COKER, TINA	825 OHIO AVE	LYNN HAVEN FL 32444	<input type="checkbox"/>
DST	STAFFORD, JAMES	1205 E 15TH ST	PANAMA CITY FL 32405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*James Stafford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-11-02*

Date

*850-872-4589*

Daytime Phone #

CR2E037 (9/01)