

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004003**

1. Entity Name  
**BAY COUNTY D.A.R.E. OFFICERS ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 35644  
PANAMA CITY, FL 32412 US**

Mailing Address  
**P.O. BOX 35644  
PANAMA CITY, FL 32412 US**

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-NP CR2E037 (11/05)

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**

**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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DP  
MCCURDY, WILLIAM  
1208 E 15TH ST  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DV  
COKER, TINA  
825 OHIO AVE  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DST  
STAFFORD, JAMES  
1205 E 15TH ST  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000500954  
04/25/06-80042-018 81.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-7-06**

**850-381-0509**