


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90072 014 \*\*\*\*61.25

DOCUMENT # <i>298000004003</i>			
1. Entity Name <i>Bay County DARE Officers Association</i>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <i>PO Box 35644</i> Suite, Apt. #, etc.		3. Mailing Address <i>PO Box 35644</i> Suite, Apt. #, etc.	
City & State <i>Panama City FL</i>		City & State <i>Panama City FL</i>	
Zip <i>32412</i>	Country <i>US</i>	Zip <i>32412</i>	Country <i>U.S.</i>
4. FEI Number <i>59-3533585</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City <i>FL</i> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>OP McCurdy, William 1209 E 15th St Panama City FL 32405</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>DU Tiwa Coker 1209 E 15th St Panama City FL 32405</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>DSY Stafford, James 1209 E 15th St Panama City FL 32405</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
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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 on an attachment with an address, with all other like approved.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>8-11-03</i> Daytime Phone # <i>850 872-4589</i>	

CR2E037B (12/02)

*Attachment*

James Stafford - RE: I with the Bay County DARE Officers Association. We have notreceived the filing forms to pay the Page 1

**From:** corphelp <corphelp@dos.state.fl.us>  
**To:** 'James Stafford' <staffjl@mail.bay.k12.fl.us>  
**Date:** 7/18/03 9:13:50 AM  
**Subject:** RE: I with the Bay County DARE Officers Association. We have notreceived the filing forms to pay the

*80138037*  
*# 198000004003*

It was mailed to the mailing address. If you did not receive the preprinted report in January, please mail in a UBR obtained from our website and a check for \$61.25. There is no late fee for a non profit corporation, thank you.

Doug  
Internet Access

-----Original Message-----

**From:** James Stafford [mailto:staffjl@mail.bay.k12.fl.us]  
**Sent:** Friday, July 18, 2003 9:59 AM  
**To:** corphelp@mail.dos.state.fl.us  
**Subject:** I with the Bay County DARE Officers Association. We have not received the filing forms to pay the

I with the Bay County DARE Officers Association. We have not received the filing forms to pay the state fee this year. Could you check this and see what your records say about this and let me know how to file this. Please reply to DARECOP596@YAHOO.COM <mailto:DARECOP596@YAHOO.COM>. Thank You in advance

Jim

Stafford

*Please Note Change of  
Address*

*Frank*