

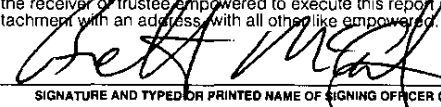


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90669 029 \*\*\*\*61.25

<b>DOCUMENT # N99000003213</b>					
<b>1. Entity Name</b> BAY COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.					
<b>Principal Place of Business</b> REGIONS BAUK 800 HARRISON AVE PANAMA CITY, FL 32405 US			<b>Mailing Address</b> 653 W 23RD STREET PANAMA CITY, FL 32405 US		
<b>2. Principal Place of Business</b> 316 LUVERNE AVE. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 316 LUVERNE AVE. Suite, Apt. #, etc.			
<b>City &amp; State</b> PANAMA CITY, FL		<b>City &amp; State</b> PANAMA CITY, FL		<b>4. FEI Number</b> 59-3552468	
<b>Zip</b> 32401		<b>Country</b> BAY		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RIDDLE, JERRY 722 DRIFTWOOD DRIVE LYNN HAVEN, FL 32444			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> RIDDLE, JERRY A <b>STREET ADDRESS</b> 722 DRIFTWOOD DRIVE <b>CITY-ST-ZIP</b> LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> BRET MCCARTY <b>STREET ADDRESS</b> 316 LUVERNE AVE. <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> HITCHCOCK, LAIRD <b>STREET ADDRESS</b> 2603 BAYLEAF COURT <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> BRET MCCARTY <b>STREET ADDRESS</b> 316 LUVERNE AVE. <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> HOLIMAN, ANGELA <b>STREET ADDRESS</b> 2800 WOODMERE DRIVE <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		<b>TITLE</b> TREASURER <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LIGHTLE, RICHARD <b>STREET ADDRESS</b> 3917 BRIARCLIFF ROAD <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TAYLOR, CRAIG <b>STREET ADDRESS</b> 3700 GEORGE LANE <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32409	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Chairman of Board 4/30/2004 850-785-6480		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		