I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DIRECTOR

SIGNATURE: MAUREEN C SURVANT

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011274

Entity Name: ALL BAY COUNTY CHILDREN AND ADULT'S INC.

Current Principal Place of Business:

8317 FRONT BEACH RD SUITE 34 C PANAMA CITY, FL 32407

Current Mailing Address:

83 17 FRONT BEACH RD SUITE 34 C PANAMA CITY, FL 32407

FEI Number: 81-0684682

Name and Address of Current Registered Agent:

SURVANT, MAUREEN 8317 FRONT BEACH RD SUITE 34 C PANAMA CITY, FL 32407 US

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:

_____ Ele

Electronic Signature of Registered Agent

Officer/	Director	Detail :
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Title	DIR	Title	DIR
Name	SURVANT, MAUREEN	Name	KNIGHT, CHRISTY
Address	8317 FRONT BEACH RD SUITE 34 C	Address	1940 SHERMAN AVE LOT 316
City-State-Zip:	PANAMA CITY FL 32407	City-State-Zip:	PANAMA CITY FL 32444
Title	DIR		
Name	MADDOX, BYRON		
Address	1610 WYOMING AVE		
City-State-Zip:	LYNN HAVEN FL 32444		

FILED Apr 17, 2021 Secretary of State 3632711947CC

Certificate of Status Desired: No

04/17/2021 Date

Date