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.

SIGNATURE: MAUREEN SURVANT

I

Electronic Signature of Signing Officer/Director Detail

O Tit Na Ad 6

SIGNATURE:

	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
ïtle	DIR	Title	DIR
lame	SURVANT, MAUREEN	Name	KNIGHT, CHRISTY
ddress	13100 WHITE WESTERN SPRINGS RD	Address	1940 SHERMAN AVE LOT 316
City-State-Zip:	PANAMA CITY FL 32409	City-State-Zip:	PANAMA CITY FL 32444
itlo	DIR		

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.

Name and Address of Current Registered Agent:

SURVANT, MAUREEN 13100 WHITE WESTERN SPRINGS RD PANAMA CITY, FL 32409 US

13100 WHITE WESTERN SPRINGS RD

13100 WHITE WESTERN SPRINGS RD

DOCUMENT# N15000011274

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

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

PANAMA CITY, FL 32409

Current Mailing Address:

PANAMA CITY, FL 32409 US

FEI Number: 81-0684682

Certificate of Status Desired: No

FILED Apr 16, 2022 7177536250CC

Date

Date

Title	DIR
Name	MADDOX, BYRON
Address	1610 WYOMING AVE
City-State-Zip:	LYNN HAVEN FL 32444

Secretary of State

DIRECTOR

04/16/2022