

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003987

Entity Name: BAY COUNTY CONSERVANCY, INC.**Current Principal Place of Business:**120 EAST 2ND PLACE
PANAMA CITY, FL 32401**Current Mailing Address:**P O BOX 1122
PANAMA CITY, FL 32402 US**FEI Number:** 59-3511295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARBISON, CANDIS M
120 EAST 2ND PLACE
PANAMA CITY, FL 32401 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	HARBISON, CANDIS
Address	120 EAST 2ND PLACE
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	KOLK, JACALYN N ESQ
Address	P O BOX 59462
City-State-Zip:	PANAMA CITY BEACH FL 32412

Title	D
Name	HOUSER, RON
Address	1845 W. 24TH COURT
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	WILSON, TED
Address	2915 ISLAND VIEW ROAD
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	PARELL, G J
Address	330 W 23RD STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	D
Name	PARELL, CAROLYN
Address	402 BUNKERS COVE ROAD
City-State-Zip:	PA NAMA CITY FL 32401

Title	DIRECTOR
Name	LYNCH, SANDRA
Address	P O BOX 1122
City-State-Zip:	PANAMA CITY FL 32402

Title	DIRECTOR
Name	MIDDLEMAS, WARREN M
Address	303 HOLLIS
City-State-Zip:	PANAMA CITY FL 32401

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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: CANDIS HARBISON**PRESIDENT****01/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DUSSEAUULT, BRIAN
Address	624 BEACHCOMBER DR.
City-State-Zip:	LYNN HAVEN FL 32444