

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731455

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** BAY COUNTY AUDUBON SOCIETY, INC.

**Current Principal Place of Business:**

3416 W. HWY 390  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1182  
PANAMA CITY, FL 324021799

**New Mailing Address:**

FEI Number: 51-0163793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERDE, JERRY W  
239 E. FOURTH ST.  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOUSER, RON C  
Address: 1845 W. 24TH COURT  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: V  
Name: MENART, TONY  
Address: 442 WAHOO RD  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: S  
Name: DEBBIE, GREINER  
Address: 4612 SUNSET DR.  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D  
Name: CASTEEL, YVONNE  
Address: 1616 MICHIGAN AVE.  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: T  
Name: GLADIS, JANET  
Address: 2300 W. 11TH STREET  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: D  
Name: LAMB, NEIL  
Address: 914 TECH DR.  
City-St-Zip: LYNN HAVEN, FL 32444 US

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: RONALD C. HOUSER

PRES

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date