

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765030

FILED
Apr 30, 2009
Secretary of State

Entity Name: MARTIN BAYOU MANAGEMENT CORPORATION

Current Principal Place of Business:

4820 N. LAKEWOOD DR.
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 35724
PANAMA CITY, FL 32412 US

New Mailing Address:

FEI Number: 06-0416470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, CHRISTOPHER
4321 VISTA LANE
LYNN HAVEN, FL 32444 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: PD () Delete
Name: CAMPBELL, CHRISTOPHER
Address: 4321 VISTA LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: CARNEY, THOMAS
Address: PO BOX 35724
City-St-Zip: PANAMA CITY, FL 32412

Title: TD () Delete
Name: MIXDORF, TIMOTHY C
Address: PO BOX 1302
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD () Delete
Name: COUGHLIN, DAVE
Address: 1126 W 28TH PL
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: SPOHN, STEVE
Address: 521 N 11TH ST
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: HARTOG, CURTIS
Address: 3106 WOOD VALLEY RD
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY MIXDORF

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date