

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90006 015 ****61.25

DOCUMENT # N05000004837 1. Entity Name BAY COUNTY ALZHEIMER'S ALLIANCE, INC.					
Principal Place of Business 2420 LIENBY AVE PANAMA CITY, FL 32405			Mailing Address 2420 LIENBY AVE PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARRELL, LEE 2420 LIENBY AVE PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HARRELL, LEE		NAME		
STREET ADDRESS	2420 LIENBY AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	V ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WHITE, JASON		NAME		
STREET ADDRESS	PO BOX 16669		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32406		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MARTIN, FRANK		NAME		
STREET ADDRESS	201 E 19TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HARTMAN, JAMINE		NAME		
STREET ADDRESS	PO BOX 889		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>G. White</i> Jana White SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/14/06 (850) 784-2599 Date Daytime Phone #		