2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90050 003 ****61.25

DOCUMENT # N05000004837

1. Entity Name
BAY COUNTY ALZHEIMER'S ALLIANCE, INC.

Principal Place of Business	Mailing Address
2420 LISENBY AVE PANAMA CITY, FL 32405	2420 LISENBY AVE PANAMA CITY, FL 32405

05142007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 16345 Suite, Apt. #, etc.
City & State	City & State: Panama City FL
Zip / Country	Zip: 32406 / Country: U.S.A.

4. FEI Number: 30-0316868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRELL, LEE 2420 LISENBY AVE PANAMA CITY, FL 32405	Name: Jason White Street Address (P.O. Box Number is Not Acceptable): 306 E. 19th St. City: Panama City **FL** Zip Code: 32405

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] 5/14/07
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 14, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRELL, LEE 2420 LISENBY AVE PANAMA CITY, FL 32405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P White, Jason 306 E. 19th St. Panama City, FL 32405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WHITE, JASON PO BOX 16669 PANAMA CITY, FL 32406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Cheryl Brown 2110 W. 23rd St. Panama City, FL 32405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, FRANK 201 E 19TH STREET PANAMA CITY, FL 32405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Debra Jennings 449 W. 23rd St. Panama City, FL 32405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARTMAN, JAMINE PO BOX 889 CHIPLEY, FL 32428	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JO Golson Treasurer 1027 E. Business Hwy 98 Panama City, FL 32401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #