2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2010
Secretary of State

DOCUMENT# N05000004837

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

Current Principal Place of Business:

516 MCKENZIE AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P OBOX 16345
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 30-0316868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, JASON
516 MCKENZIE AVE
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: V
Name: BROWN, CHERYL
Address: 2110 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: P
Name: WHITE, JASON
Address: 516 MCKENZIE AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: S
Name: MASSEY, DEBBIE
Address: 516 MCKENZIE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T
Name: OTWELL, DAWN
Address: 516 MCKENZIE AVE.
City-St-Zip: PANAMA CITY, FL 32401

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: JASON WHITE P 01/29/2010
Electronic Signature of Signing Officer or Director Date