

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 006041

FILED
Jan 14, 2005
Secretary of State

Entity Name: BAY COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

235 WEST FIFTH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

235 WEST FIFTH STREET
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-0391375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, CAROL A
235 W. 5TH ST
PANAMA CITY, FL 32402 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, CAROL A
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32402

Title: D () Delete
Name: WALTERS, ELIZABETH
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32402

Title: T () Delete
Name: MCDONALD, GLEN
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32402

Title: T () Delete
Name: GINN, JOEY
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL

Title: T () Delete
Name: MIKE, ROSS
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCDONALD, GLEN
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32402

Title: T (X) Change () Addition
Name: STEVE, SOUTHERLAND II
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change () Addition
Name: MIKE, ROSS
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. ROBERTS

P

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date