

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708916

FILED
Apr 01, 2009
Secretary of State

Entity Name: BOYS & GIRLS CLUBS OF BAY COUNTY, INC.

Current Principal Place of Business:

451 MAGNOLIA AVE.
PANAMA CITY, FL 32402 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 914
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-1114292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSER, DEBORAH K PD
132 CORINA CIRCLE
PANAMA CITY BEACH, FL 32413 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: PPD () Delete
Name: SCREWS, TIM
Address: 424 DEEP FORREST LANE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: VPD () Delete
Name: BLACK, WILLIAM J
Address: 713 BRANDEIS AVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: VPD () Delete
Name: WARREN, LEE
Address: 1038 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: SD () Delete
Name: COOLEY, OLIVIA
Address: 712 MOORE CIRCLE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: TD () Delete
Name: GRIFFIN, DANNY
Address: 7106 MELISSA ELAINE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: VPD () Delete
Name: RESCH, DEAN
Address: 814 DOLPHIN DRIVE BAY POINT
City-St-Zip: PANAMA CITY BEACH, FL 32411

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:

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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: DEBORAH K. SASSER

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date