2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 713972

Entity Name: JUNIOR MUSEUM OF BAY COUNTY, INC.

Current Principal Place of Business:

1731 JENKS AVENUE
PANAMA CITY, FL 324054626

New Principal Place of Business:

1731 JENKS AVENUE
PANAMA CITY, FL 324054626 US

Current Mailing Address:

1731 JENKS AVENUE
PANAMA CITY, FL 324054626

New Mailing Address:

1731 JENKS AVENUE
PANAMA CITY, FL 324054626 US

FEI Number: 59-1540948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, SARAH L
10834 EAST HWY 388
YOUNGSTOWN, FL 32466 US

Name and Address of New Registered Agent:

COTTON, RAE E
1419 THURSO ROAD
LYNN HAVEN, FL 32444 US

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: RAE E. COTTON 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DUNN, LEAH PRESIDE	
Address:	340 BUNKERS COVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	SD	( ) Delete
Name:	STEIN, BARBARA SECRETA	
Address:	3315 HARBOUR PLACE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	TD	( ) Delete
Name:	MATSON, VIRGINIA TREASUR	
Address:	3033 WEST 30TH COURT	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	SAPP, SARAH L ADMINIS	
Address:	10834 E HWY 388	
City-St-Zip:	YOUNGSTOWN, FL 32466	
Title:	PE	( ) Delete
Name:	COX, RYAN PRE ELE	
Address:	PO BOX 28104	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	VD	( ) Delete
Name:	DENNEY, KAY VIC PRE	
Address:	1812 HICKORY AVENUE	
City-St-Zip:	PANAMA CITY, FL 32405	

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:		
Title:	D	(X) Change ( ) Addition
Name:	COTTON, RAE E EXE DIR	
Address:	1419 THURSO RAOD	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:		( ) Change ( ) Addition
Name:		
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: RAE E. COTTON E D 03/20/2009
Electronic Signature of Signing Officer or Director Date