## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#726833** 

FILED Apr 27, 2009 Secretary of State

Entity Name: BAHIA PAZ ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

101 AVENIDA 23

PENSACOLA BEACH, FL 32561 US

Current Mailing Address: New Mailing Address:

101 AVENIDA 23

PENSACOLA BEACH, FL 32561 US

FEI Number: 59-3423384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARFIELD, SHEILA K C.P.A.

4400 BAYOU BLVD, STE 23-C

PENSACOLA, FL 32503 US

BARFIELD, SHEILA K C.P.A.

4140 MENENDEZ DRIVE

PENSACOLA, FL 32503 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: SHEILA K BARFIELD 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 QUIGLEY, BOBBY
 Name:

 Address:
 3110 N DAVIS ST
 Address:

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 ROGERS, JOHN
 Name:
 KUEHL, TOM

 Address:
 4191 MADURA RD
 Address:
 PO BOX 37

City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32562

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BARFIELD, SHEILA K
 Name:
 BARFIELD, SHEILA K

 Address:
 4400 BAYOU BLVD, 28-C
 Address:
 4140 MENENDEZ DRIVE

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32503

itle: S () Delete Title: () Change () Addition

 Title:
 S
 ( ) Delete
 Title:

 Name:
 WHITE, TOM
 Name:

 Address:
 121 AVENIDA 23
 Address:

 City-St-Zip:
 PENSACOLA BCH, FL 32561
 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: SHEILA K BARFIELD T 04/27/2009