2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 735657

Entity Name: COMMUNITY SERVICES FOUNDATION OF BAY COUNTY, INC.

Current Principal Place of Business:

P O BOX 15483
PANAMA CITY, FL 32406 US

New Principal Place of Business:

3003 N HWY 77
D
LYNN HAVEN, FL 32444 US

Current Mailing Address:

P O BOX 15483
PANAMA CITY, FL 32406 US

New Mailing Address:

FEI Number: 59-1681213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN, FL 32444 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: PD ( ) Delete
Name: BOWDITCH, LOLA
Address: 100 MARCISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: STANLEY, KATHY
Address: 1025 W 19TH ST #18-D
City-St-Zip: PANAMA CITY, FL 32405

Title: TD ( ) Delete
Name: YOUD, RICHARD
Address: PO BOX 59350
City-St-Zip: PANAMA CITY, FL 32402

Title: VPD ( ) Delete
Name: HOLLOMAN, JOHN
Address: 507 PARKWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD ( ) Delete
Name: JENKINS, SHIRLEY
Address: 1220 TRANSMITTER RD
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: LANSING, VERA
Address: 414 W 26TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD (X) Change ( ) Addition
Name: BENTON, JOHN
Address: 3609 DELWOOD DR
City-St-Zip: PANAMA CITY BCH, FL 32408

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: LOLA BOWDITCH PD 04/27/2009
Electronic Signature of Signing Officer or Director Date