2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 735657

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

Current Principal Place of Business:

3003 N HWY 77
D
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

509 HARRISON AVENUE
203
PANAMA CITY, FL 32401 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
Name: JENKINS, SHIRLEY
Address: 3612 PHILLIPS LANE
City-St-Zip: PANAMA CITY, FL 32404

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

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

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

Title: VPD
Name: FULTON-GAST, AMI
Address: 906 BUENA VISTA BLVD
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY JENKINS PD 01/03/2012

Electronic Signature of Signing Officer or Director Date