





# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90017 007 \*\*\*\*61.25

<b>DOCUMENT # 735680</b> 1. Entity Name <b>BAY COUNTY INDEPENDENT INSURERS, INC.</b>					
Principal Place of Business P O BOX 561 PANAMA CITY, FL 32402-8120				Mailing Address P O BOX 561 PANAMA CITY, FL 32402-8120	
2. Principal Place of Business p o Box 925 Suite, Apt. #, etc.		3. Mailing Address PO Box 925 Suite, Apt. #, etc.			
City & State <b>Panama City, FL</b>		City & State <b>Panama City, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32402</b> Country <b>Bay</b>		Zip <b>32402</b> Country <b>Bay</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>CULPEPPER, ROBBIE G</b> <b>3106 W. 23RD ST.</b> <b>PANAMA CITY, FL 32405</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Susan Kopko</b> Street Address (P.O. Box Number is Not Acceptable) <b>2424 Jenks Ave</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32405</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>4/4/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CULPEPPER, ROBBIE G 3106 W. 23RD ST. PANAMA CITY, FL 324054908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRISTIAN, KENNETH 1214 W 23RD ST STE K PANAMA CITY, FL 32405 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOOLEY, EVE 205 W. 7TH ST. PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Kopko, Susan B 2424 Jenks Ave Panama City, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>STD</b>				Susan Kopko STD	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/4/05</b> Daytime Phone #	