

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735680

FILED  
Aug 04, 2006  
Secretary of State

**Entity Name:** BAY COUNTY INDEPENDENT INSURERS, INC.

**Current Principal Place of Business:**

P O BOX 925  
PANAMA CITY, FL 324028120

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 925  
PANAMA CITY, FL 324028120

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KOPKO, SUSAN  
2424 JENKS AVE  
PANAMA CITY, FL 32405 US

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

RATLIFF, CYNTHIA E  
2617A W. 23RD STREET  
PANAMA CITY, FL 32405 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: CYNTHIA E RATLIFF

08/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CULPEPPER, ROBBIE G  
Address: 3106 W. 23RD ST.  
City-St-Zip: PANAMA CITY, FL 324054908

Title: PD ( ) Delete  
Name: CHRISTIAN, KENNETH  
Address: 1214 W 23RD ST STE K  
City-St-Zip: PANAMA CITY, FL 32405

Title: STD ( ) Delete  
Name: KOPKO, SUSAN B  
Address: 2425 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CULPEPPER, ROBBIE G  
Address: 3106 W. 23RD ST.  
City-St-Zip: PANAMA CITY, FL 324054908

Title: VPD (X) Change ( ) Addition  
Name: KOPKO, SUSAN  
Address: 2424 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: STD (X) Change ( ) Addition  
Name: RATLIFF, CYNTHIA E  
Address: 2617A W. 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA E RATLIFF

STD

08/04/2006

Electronic Signature of Signing Officer or Director

Date