

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735680

FILED
Feb 05, 2009
Secretary of State

Entity Name: BAY COUNTY INDEPENDENT INSURERS, INC.

Current Principal Place of Business:

C/O GRANTHAM AGENCY
1148 JENKS AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

ATTN: CAMILLA STEWART
647 LUVERNE AV
PANAMA CITY, FL 32401 30

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 ()

Name and Address of Current Registered Agent:

QUIRK, PATRICK
455 HARRISON AVE., STE. D
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

STEWART, CAMILLA W
647 LUVERNE AVENUE
PANAMA CITY, FL 32401 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: CAMILLA W STEWART

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANTHAM, JIM
Address: 1148 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VPD () Delete
Name: SCHOTT, CINDY
Address: 3106 W. 23RD ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: STD () Delete
Name: QUIRK, PAT
Address: 455 HARRISON AVE., STE. D
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: STEWART, CAMILLA W
Address: 647 LUVERNE AV
City-St-Zip: PANAMA CITY, FL 32401 30

Title: PD (X) Change () Addition
Name: SCHOTT, CINDY
Address: 3106 W. 23RD ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD (X) Change () Addition
Name: QUIRK, PAT
Address: 455 HARRISON AVE., STE. D
City-St-Zip: PANAMA CITY, FL 32401

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: CAMILLA W STEWART

STD

02/05/2009

Electronic Signature of Signing Officer or Director

Date