

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735680

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

ATTN: REGINA BEATY  
455 HARRISON AVE SUITE D  
PANAMA CITY, FL 32401

**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:**

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

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

BEATY, HOLLIE R  
455 HARRISON AVE  
SUITE D  
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: HOLLIE REGINA BEATY

01/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: BEATY, HOLLIE R  
Address: 455 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: PD  
Name: QUIRK, PATRICK  
Address: 455 HARRISON AVE., SUITE D  
City-St-Zip: PANAMA CITY, FL 32401

Title: VD  
Name: HANKS, JANICE  
Address: 2617 WEST 23RD ST  
City-St-Zip: PANAMA CITY, FL 32405

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: HOLLIE REGINA BEATY

STD

01/15/2010

Electronic Signature of Signing Officer or Director

Date