

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769328**

1. Entity Name  
**GULF PALMS OF PANAMA CITY BEACH, INC.**



Principal Place of Business  
**4100 BILTMORE  
PANAMA CITY BEACH, FL 32408 US**

Mailing Address  
**C/O SUE MAGGARD, TREASURER  
7915 CANNA DRIVE  
LOUISVILLE, KY 40258 US**

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**58-2044649**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRISON, FRANKLIN  
304 MAGNOLIA  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000624093  
02/14/07-80018-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GUESS, WAYNE  
1350 LAKESHORE PKWY  
BRANDENBURG, KY 40108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAGGARD, MARTY  
7915 CANNA DR.  
LOUISVILLE, KY 40258**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MAGGARD, SUE  
7915 CANNA DR  
LOUISVILLE, KY 40258**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
METZMEIER, BETTY  
10513 SUNLIGHT WAY  
LOUISVILLE, KY 40272**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
METZMEIER, NORBERT  
10513 SUNLIGHT WAY  
LOUISVILLE, KY 40272**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BORDERS, LEE  
3506 BRIDGEGATE CT  
LOUISVILLE, KY 40272**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** Sue Maggard **SUE MAGGARD, TREAS** 2-2-07 502-935-6127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #