

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 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**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

000000815550
02/14/08-80013-022 61.25

**DO NOT WRITE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Maggard, Treas. 2/1/08

Date

502-935-6027
Daytime Phone