

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769328

FILED  
Feb 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4100 BILTMORE  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 58-2044649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HARRISON, FRANKLIN  
304 MAGNOLIA  
PANAMA CITY, FL 32401 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUESS, WAYNE  
Address: 1350 LAKESHORE PKWY  
City-St-Zip: BRANDENBURG, KY 40108

Title: D ( ) Delete  
Name: MAGGARD, MARTY  
Address: 7915 CANNA DR.  
City-St-Zip: LOUISVILLE, KY 40258

Title: T ( ) Delete  
Name: MAGGARD, SUE  
Address: 7915 CANNA DR  
City-St-Zip: LOUISVILLE, KY 40258

Title: S ( ) Delete  
Name: METZMEIER, BETTY  
Address: 10513 SUNLIGHT WAY  
City-St-Zip: LOUISVILLE, KY 40272

Title: D ( ) Delete  
Name: METZMEIER, NORBERT  
Address: 10513 SUNLIGHT WAY  
City-St-Zip: LOUISVILLE, KY 40272

Title: D ( ) Delete  
Name: BORDERS, LEE  
Address: 3506 BRIDGEGATE CT  
City-St-Zip: LOUISVILLE, KY 40272

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WOODY, STANLEY  
Address: 5651 STEWART MILL ROAD  
City-St-Zip: DOUGLASVILLE, GA 30135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUE MAGGARD

T

02/13/2009

Electronic Signature of Signing Officer or Director

Date