

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770847

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: BAY YOUTH CENTER, INC.

## Current Principal Place of Business:

608 E 6 CT  
PANAMA CITY, FL 32401 US

## New Principal Place of Business:

201 S COVE LANE  
PANAMA CITY, FL 32401 US

## Current Mailing Address:

C/O BENNETT SWARTZ  
608 E 6 CT  
PANAMA CITY, FL 32401 US

## New Mailing Address:

201 S COVE LANE  
PANAMA CITY, FL 32401 US

FEI Number: 59-6608776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARRINER, CLELL J  
608 E. 6TH COURT  
PANAMA CITY BCH, FL 32401 US

## Name and Address of New Registered Agent:

HAMM, WILLIAM G  
1007 JENKS AVE  
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: WILLIAM G. HAMM

04/30/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP (X) Delete  
Name: WARRINER, CLELL C,  
Address: 217 NORTH COVE BLVD  
City-St-Zip: PANAMA CITY, FL 00000,

Title: D ( ) Delete  
Name: LANDGRAF, LAURA,  
Address: 2358 PRETTY BAYOU DR  
City-St-Zip: PANAMA CITY, FL 00000,

Title: DT ( ) Delete  
Name: HAMM, JOREE  
Address: 201 S COVE LANE  
City-St-Zip: PANAMA CITY, FL 32401

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOREE HAMM

T

04/30/2005

Electronic Signature of Signing Officer or Director

Date