

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005195

FILED
Apr 10, 2009
Secretary of State

Entity Name: FRIENDS OF WATSON BAYOU, INC.

Current Principal Place of Business:

233 SOUTH COVE TERRACE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

233 SOUTH COVE TERRACE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3669349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMM, WILLIAM G
1007 JENKS AVE
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: PD () Delete
Name: HIGBY, SUSAN
Address: 310 HOLLIS AVE.
City-St-Zip: PANAMA CITY, FL 32401

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

Title: TD () Delete
Name: HEALEY, LORA
Address: 233 S. COVE TERRACE
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 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: LORA HEALEY

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date