

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90053 018 ****61.25

DOCUMENT # N00000005450

1. Entity Name
BAY UNITED SOCCER CLUB, INC.



Principal Place of Business
**PO BOX 15275
PANAMA CITY, FL 32406**

Mailing Address
**PO BOX 15275
PANAMA CITY, FL 32406**

40023609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3252190

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWLEY, STEVE
1206 BUENA VISTA BLVD
PANAMA CITY, FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ENGLAND, C.O.
608 CARRIE LANE
LYNN HAVEN, FL 32444 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HALL, ROBERT
3216 PLEASANT HILL RD.
LYNN HAVEN, FL 32444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CROWLEY, STEVE
1206 BUENA VISTA BLVD
PANAMA CITY, FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PATTY, MCDANIEL
258 EAGLE DRIVE
PANAMA CITY BEACH, FL 32407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HALL, ROBERT
3216 PLEASANT HILL RD.
LYNN HAVEN, FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HALLMON, KATHARINE
3714 TIPPECANOE LN
PANAMA CITY, FL 32409 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINGLETARY, SUSIE
1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOND, ANTHONY
2204 CORAL DR.
LYNN HAVEN FL 32444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Katharine J. Hallmon KATHARINE J. HALLMON

02.06.07

850.774.1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #