2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N01000002844

Entity Name: BAY COUNTY DOMESTIC VIOLENCE TASK FORCE, INC.

Current Principal Place of Business:

POST OFFICE BOX 15851
PANAMA CITY, FL 32406

New Principal Place of Business:

597 W. 11TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

POST OFFICE BOX 15851
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-3681866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAVER, SHIRLEY
3529 E. 3RD STREET
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

SAM, SLAY
1309 CLAY 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: SAM SLAY 03/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEAVER, SHIRLEY
Address: 3529 E 3RD ST
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: BEAVER, SHIRLEY
Address: 3529 E 3RD ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Delete
Name: MONTGOMERY, LOU ANN
Address: 3529 E 3RD ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: V (X) Delete
Name: MONTGOMERY, LOU ANN
Address: 3529 E. 3RD STREET
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAM, SLAY
Address: POST OFFICE BOX 15851
City-St-Zip: PANAMA CITY, FL 32406

Title: VP (X) Change ( ) Addition
Name: LOU ANN, MONTGOMERY
Address: POST OFFICE BOX 15851
City-St-Zip: PANAMA CITY, FL 32401

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: SAM SLAY P 03/11/2009
Electronic Signature of Signing Officer or Director Date