

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008856

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** OBID FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

951 W 23 ST  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

951 W 23 ST  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

**FEI Number:** 22-3850959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TAYLOR, G. CHUCK  
2589 JENKS AVENUE  
PANAMA CITY, FL 32405 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  
**Name:** OBID, MARWAN M.D.  
**Address:** 951 W 23 ST  
**City-St-Zip:** PANAMA CITY, FL 32405 US

**Title:** D  
**Name:** OBID, HIND M.D.  
**Address:** 951 W 23 ST  
**City-St-Zip:** PANAMA CITY, FL 32405 US

**Title:** D  
**Name:** OBID, SARA  
**Address:** 951 W 23RD ST  
**City-St-Zip:** PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

**SIGNATURE:** MARWAN OBID

D

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date