2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# N01000009060

Entity Name: THE HISTORICAL SOCIETY OF BAY COUNTY, INC.

Current Principal Place of Business:

P.O.BOX 1476
PANAMA CITY, FL 32402

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1476
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3743175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, ROBERT G
105 CAMELOT CIR
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: PD ( ) Delete
Name: SAUNDERS, REBECCA B
Address: 2515 FRANKFORD AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD ( ) Delete
Name: HURST, ROBERT R
Address: 243 S COVE DR
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete
Name: COOPER, JEANNIE
Address: 125 HARMON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: MCKENZIE, ROBERT G
Address: 105 CAMELOT CIR
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: SMITH, THOMAS E
Address: 801 FLORIDA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: MARSHALL, JOE
Address: 312 ALEXANDER DR
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: CLEGHORN, JUDY
Address: 6008 BOAT RACE ROAD
City-St-Zip: PANAMA CITY, FL 32404

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: ROBERT G. MCKENZIE TD 03/01/2005

Electronic Signature of Signing Officer or Director — Date