

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000009060	
1. Entity Name THE HISTORICAL SOCIETY OF BAY COUNTY, INC.	
Principal Place of Business <UNUSED> PANAMA CITY, FL 32402	Mailing Address P.O. BOX 1476 PANAMA CITY, FL 32402



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3743175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCKENZIE, ROBERT G 105 CAMELOT CIR PANAMA CITY, FL 32405	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

UN00000592080
01/19/07-80046-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, REBECCA B 2515 FRANKFORD AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURST, ROBERT R 243 S COVE DR PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTERS, GLENDA 1121 PIERSON DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOMACK, MARLENE 2101 NORWOOD PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS E 801 FLORIDA AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JOE 312 ALEXANDER DR LYNN HAVEN, FL 32444

**DO NOT WRITE
IN THIS SPACE**

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: Rebecca Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 2007
Date

Daytime Phone #