

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 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



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3743175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCKENZIE, ROBERT G  
105 CAMELOT CIR  
PANAMA CITY, FL 32405

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SAUNDERS, REBECCA B  
STREET ADDRESS 2515 FRANKFORD AVE  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE VPD  
NAME HURST, ROBERT R  
STREET ADDRESS 243 S COVE DR  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE SD  
NAME WALTERS, GLENDA  
STREET ADDRESS 1121 PIERSON DRIVE  
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE TD  
NAME WOMACK, MARLENE  
STREET ADDRESS 2101 NORWOOD PLACE  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D  
NAME SMITH, THOMAS E  
STREET ADDRESS 801 FLORIDA AVE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME MARSHALL, JOE  
STREET ADDRESS 312 ALEXANDER DR  
CITY-ST-ZIP LYNN HAVEN, FL 32444

UD00000781150  
01/15/08-80018-022 61.25

**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 B Saunders* Rebecca B Saunders

1-4-07

8508727500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #