

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90027 014 ****61.25

DOCUMENT # N02000003126

1. Entity Name

BAY WIND COMMUNITY BAND, INC.



Principal Place of Business

**2347 CHARO PLACE
PANAMA CITY FL 32405**

Mailing Address

**P.O. BOX 35033
PANAMA CITY FL 32414-5033**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

02-0600466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOSEWELL, FRED M II
2347 CHARO PLACE
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEINZE, LORI A ☐ Delete
2441 VALLEY OAK COURT
PANAMA CITY BEACH FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition
Nohre, Lori A
2441 Valley Oak Court
Panama City Beach FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
BARRETT, CHARLES E
821 HARVARD BLVD
LYNN HAVEN FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☐ Change ☒ Addition
MICHAEL E. SLINGER
2716 BRIARCLIFF RD
PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
JORDAN, ERNEST
1007 BOB LITTLE ROAD
SPRINGFIELD FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☐ Change ☒ Addition
Deanna Petersen
3146 Wood Valley Rd.
Panama City FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
BOSEWELL, FRED M II
2347 CHARO PLACE
PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☐ Change ☒ Addition
Quin Jungemann
2105 Coral Dr.
Lynn Haven FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Delete
WALSINGHAM, JETAIME
1337 EVERETT AVE
PANAMA CITY FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☐ Change ☐ Addition
Bob Fowler
1516 Harvard Ave
Panama City FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V ☒ Delete
ST. JOHN, BILL
222 PINE RIDGE DRIVE
PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04 (850) 763-3701