2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003126

Entity Name: BAY WIND COMMUNITY BAND, INC.

FILED Apr 24, 2007 Secretary of State

rincipal Place of Business:

2347 CHARO PLACE PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

P.O. BOX 35033 P.O. BOX 35864

PANAMA CITY, FL 324145033 PANAMA CITY, FL 32412

FEI Number: 02-0600466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOSEWELL, FRED M II
2347 CHARO PLACE
2347 CHARO PLACE
2347 CHARO PLACE

PANAMA CITY, FL 32405 US PANAMA CITY, FL 32405 US

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: FRED M. BOSWELL II 04/24/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete BOSO, MELANIE Name: Name: Address: 710 VENETIAN WAY Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SLINKARD, MICHAEL E Name: SLINKARD, MICHAEL E Address: 215 PINE RIDGE RD Address: 2879 TUPELO DR City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32405 Title: () Delete Title: () Change () Addition PETERSEN, DEANNE Name: Name: 3146 WOOD VALLEY RD. Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BOSEWELL, FRED M II
 Name:
 BOSWELL, FRED M II

 Address:
 2347 CHARO PLACE
 Address:
 2347 CHARO PLACE

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 PANAMA CITY, FL 32405

Title: D () Delete Title: () Change () Addition

 Name:
 FOWLER, BOB
 Name:

 Address:
 1516 HARVARD AVE.
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32444
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 JUNGEMANN, QUIN
 Name:

 Address:
 2105 CONEL DR.
 Address:

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL E. SLINKARD P 04/24/2007