

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 35864 710 VENETIAN WAY  
PANAMA CITY, FL 32412 33405

**FILED**  
**Sep 23, 2008 08:00 AM**  
**Secretary of State**



05202008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

BOSWELL, FRED M II  
2347 CHARO PLACE  
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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BOSO, MELANIE
STREET ADDRESS	710 VENETIAN WAY
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	P
NAME	SLINKARD, MICHAEL E
STREET ADDRESS	2879 TUPELO DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VP
NAME	PETERSEN, DEANNE
STREET ADDRESS	3146 WOOD VALLEY RD.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	BOSWELL, FRED M II
STREET ADDRESS	2347 CHARO PLACE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	FOWLER, BOB
STREET ADDRESS	1516 HARVARD AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32444
TITLE	D
NAME	JUNGEMANN, QUIN
STREET ADDRESS	2105 CONEL DR.
CITY-ST-ZIP	LYNN HAVEN, FL 32444

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09/23/08-80001-004 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:

*Michael E. Slinkard* MICHAEL E. SLINKARD

12 SEP 2008

(850) 812-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #