

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003126

FILED
Apr 21, 2009
Secretary of State

Entity Name: BAY WIND COMMUNITY BAND, INC.

Current Principal Place of Business:

2347 CHARO PLACE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 35864
PANAMA CITY, FL 32412

New Mailing Address:

2879 TUPELO DRIVE
PANAMA CITY, FL 32405

FEI Number: 02-0600466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSWELL, FRED M II
2347 CHARO PLACE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOSO, MELANIE
Address: 710 VENETIAN WAY
City-St-Zip: PANAMA CITY, FL 32405

Title: P () Delete
Name: SLINKARD, MICHAEL E
Address: 2879 TUPELO DR
City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete
Name: PETERSEN, DEANNE
Address: 3146 WOOD VALLEY RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: BOSWELL, FRED M II
Address: 2347 CHARO PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: FOWLER, BOB
Address: 1516 HARVARD AVE.
City-St-Zip: PANAMA CITY, FL 32444

Title: D () Delete
Name: JUNGEMANN, QUIN
Address: 2105 CONEL DR.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUNGEMANN, QUIN
Address: 2105 CORAL DR.
City-St-Zip: LYNN HAVEN, FL 32444

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

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date