2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000004425

1. Entity Name PANAMA CITY BEACH INDIAN SUMMER FESTIVALS,



FILED

Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90251 001 ***122.50

DOUDULTOD

850-233-5070

Principal Place of Business 17001 PANAMA CITY BCH PKWY

SIGNATURE:

Mailing Address

17001 PANAMA CITY BCH PKWY

	BCH, FL 32413	PANAMA CITY BCH, FL 32413									
2. Principal Place of Business - No P.O. Box # 3.			ng Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082007 C	hg-NP C	R2E037	(12/06)		
City & State			City & State			4. FEI Number Applied For 82-0548507 Not Applicable					
Zip	Country	p Country			5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
WARREN, ROBERT L 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413					Name Street Address (P.O. Box Number is Not Acceptable)						
					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											
İ	Signature, typed or printed name of registered agent	ed when reinstating)		DATE							
				mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS 11					ADDITIONS/CHANG	SES TO OFFICERS				
TITLE	P		☐ Delete	TITLE	D			[Change	XXAddition	
NAME	•••••			NAME		Wes Grant					
STREET ADDRESS CITY-ST-ZIP	i			STREET ADDRES	7424 ITONE BEACH ROLL						
	774441174 (3171 2037), 1 2 0 2 1 1 0				D Change XXAddition						
TITLE	D BLACKERBY, ROBERT		XX elete	TITLÉ NAME		n Jones			onenge	AAAAAA	
NAME STREET ADDRESS				STREET ADORES							
CITY-ST-ZIP				CITY-ST-ZIP		Panama City Beach, FL 32413					
TITLE	D	☐ Delete	TITLE	DVC							
NAME	OAKES, JASON		NAME		ary Jones						
STREET ADDRESS	12001 FRONT BEACH RD.			STREET ADDRES		2541 Ferol Lane					
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407			CITY-ST-ZIP		<u>ın Haven, F</u>	<u>L 32444</u>				
TITLE	CD	☐ Delete	TITLE	DST							
NAME	KHAN, CODY			NAME	Jei	ff Ferguson) S. Arnold	l l Dood				
STREET ADDRESS	11127 FRONT BEACH ROAD			STREET ADDRES				22/12			
CITY-ST-ZIP	PANAMA CITY, FL 32407				D	nama City B	seach, FL		Change	XX Addition	
TITLE	D LAWSON, JIM		☐ Delete	TITLE NAME		n Nelson			onlings	A-A	
NAME STREET ADDRESS	323 HIDDEN ISLAND DRIVE			STREET ADDRES) S. Arnold	Road				
CITY-ST-ZIP	PANAMA CITY, FL 32408			CITY-ST-ZIP		nama City B		32413			
TITLE	D		XIXbelete	TITLE	D				☐ Change	XX Addition	
NAME	SULLIVAN, LEE		201010	NAME	Mik	ke Thomas					
STREET ADDRESS	110 S. ARNOLD ROAD			STREET ADDRES		W. 6th St	reet				
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324			CITY-ST-ZIP		nama City,					
12. I hereby certify that the information supplied with this filling 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.											

MM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR