

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005408**

1. Entity Name  
BAY COUNTY CHAPTER OF NARPM, INC.



Principal Place of Business

C/O 2316 W 23RD STREET  
PANAMA CITY, FL 32405 US

Mailing Address

C/O 2316 W 23RD STREET  
PANAMA CITY, FL 32405 US

**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
41-2032038

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNEED, PATRICIA M  
C/O 2316 W 23RD STREET  
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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SNEED, PATRICIA M
STREET ADDRESS	2316 W 23RD STREET
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	SD
NAME	BURGBACHER, DAVID
STREET ADDRESS	702 S TYNDALL PARKWAY STE. B
CITY - ST - ZIP	PANAMA CITY, FL 32404
TITLE	TD
NAME	GIANDOLFI, JOYCE
STREET ADDRESS	429 S. TYNDALL PARKWAY STE. F
CITY - ST - ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/05-80085-023 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

465105 850-819  
375