

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 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**



02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number

**41-2032038**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
SNEED, PATRICIA M  
2316 W 23RD STREET  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
BURGBACHER, DAVID  
702 S TYNDALL PARKWAY STE. B  
PANAMA CITY, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
GIANDOLFI, JOYCE  
429 S. TYNDALL PARKWAY STE. F  
PANAMA CITY, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000549117  
05/13/06-80006-019 70.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #