

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

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000005408</b> 1. Entity Name BAY COUNTY CHAPTER OF NARPM, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2032038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/21/07-80018-024 70.00

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:** *Patricia M Sneed* **4/20/07 8508192255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #