


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90204 005 \*\*\*\*70.00

<b>DOCUMENT # N02000005408</b> 1. Entity Name <b>BAY COUNTY CHAPTER OF NARPM, INC.</b>																																																																																																													
Principal Place of Business <b>C/O 2316 W 23RD STREET</b> <b>PANAMA CITY, FL 32405 US</b>			Mailing Address <b>C/O 2316 W 23RD STREET</b> <b>PANAMA CITY, FL 32405 US</b>																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>13510 Hutchison Blvd.</b>		3. Mailing Address <b>SAME</b>																																																																																																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04302008 Chg-NP CR2E037 (12/06)																																																																																																									
City & State <b>Panama City Beach FL</b>		City & State <b>FL</b>		4. FEI Number <b>41-2032038</b>																																																																																																									
Zip <b>32407</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																									
6. Name and Address of Current Registered Agent  <b>SNEED, PATRICIA M</b> <b>C/O 2316 W 23RD STREET</b> <b>PANAMA CITY, FL 32405</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																									
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SNEED, PATRICIA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2316 W 23RD STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32405</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURGBACHER, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>702 S TYNDALL PARKWAY STE. B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32404</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GIANDOLFI, JOYCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>429 S. TYNDALL PARKWAY STE. F</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32404</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>13510 Hutchison Blvd.</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Panama City Beach, FL 32407</b></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	SNEED, PATRICIA M		STREET ADDRESS	2316 W 23RD STREET		CITY-ST-ZIP	PANAMA CITY, FL 32405		TITLE	SD	<input type="checkbox"/> Delete	NAME	BURGBACHER, DAVID		STREET ADDRESS	702 S TYNDALL PARKWAY STE. B		CITY-ST-ZIP	PANAMA CITY, FL 32404		TITLE	TD	<input type="checkbox"/> Delete	NAME	GIANDOLFI, JOYCE		STREET ADDRESS	429 S. TYNDALL PARKWAY STE. F		CITY-ST-ZIP	PANAMA CITY, FL 32404		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>13510 Hutchison Blvd.</b>	CITY-ST-ZIP	<b>Panama City Beach, FL 32407</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																																																																																													
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>4/29/08</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																													