2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# N02000006375

Entity Name: PANAMA CITY BEACHES CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:

415 BECKRICH RD., SUITE 200
PANAMA CITY BCH, FL 32407

New Principal Place of Business:

Current Mailing Address:

415 BECKRICH RD., SUITE 200
PANAMA CITY BCH, FL 32407

New Mailing Address:

FEI Number: 59-2857564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, DEBI
415 BECKRICH RD., SUITE 200
PANAMA CITY BCH, FL 32407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KNIGHT, DEBI
Address: 415 BECKRICH RD., SUITE 200
City-St-Zip: PANAMA CITY BCH, FL 32407

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C ( ) Change (X) Addition
Name: HUNT, DEBORAH
Address: 415 BECKRICH RD, SUITE 200
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: T ( ) Change (X) Addition
Name: SMITH, RUSS
Address: 415 BECKRICH RD, SUITE 200
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: S ( ) Change (X) Addition
Name: OBERST, GAYLE
Address: 415 BECKRICH RD, SUITE 200
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D ( ) Change (X) Addition
Name: FEIGHTNOR, WELDON
Address: 415 BECKRICH ROAD, SUITE 200
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBI KNIGHT D 02/21/2005

Electronic Signature of Signing Officer or Director — Date