2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N02000006823 04-03-2006 90381 016 ****61.25 1. Entity Name NAMI BAY COUNTY, INC. Principal Place of Business Mailing Address 1535 LOGAN COURT PANAMA CITY FL 32404 1535 LOGAN COURT PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 03-0494213 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIOIELLO, JOHN L Street Address (P.O. Box Number is Not Acceptable) 1535 LOGAN CT PANAMA CITY FL 32404 City Zin Code FL 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be 1993 Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delcte ■ Addition GREEN, DAVID F NAME NAME 1535 LOGAN COURT STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE POV Change Change ☐ Addition DEGEORGE, LAUREN NAME NAME SAMUELS, KATHRYN STREET ADDRESS 224 EAST 3RD CT STREET ADDRESS 115 N. CRANGE ST. BOACH FC 324/3 PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP 2VP Change Change mte -Delete TITLE Addition DEGEORGE, LAUREN 224 EAST 3RD CT. INMAN, PAUL NAME NAME STREET ADDRESS 7140 BEACHWOOD BLVD STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COLVIN, KEITH STREET ADDRESS 1404 EAST 8TH ST STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZP ☐ Defete ☐ Change ■ Addition SAMUELS, KATHRYN NAME 115 N ORANGE ST STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 CITY-ST-7(P CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. 850-871-6936

STREET ADDRESS

CITY-ST-ZIP

Tan 1 3-16-01 SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP