

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000006823

1. Entity Name

NAMI BAY COUNTY, INC.



**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

1535 LOGAN COURT  
PANAMA CITY FL 32404

Mailing Address

1535 LOGAN COURT  
PANAMA CITY FL 32404



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

03-0494213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOIELLO, JOHN L  
1535 LOGAN CT  
PANAMA CITY FL 32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, DAVID F	
STREET ADDRESS	1535 LOGAN COURT	
CITY-STATE-ZIP	PANAMA CITY FL 32404	
TITLE	PDV	<input type="checkbox"/> Delete
NAME	SAMUELS, KATHRYN	
STREET ADDRESS	115 N ORANGE ST	
CITY-STATE-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	DEGEORGE, LAUREN	
STREET ADDRESS	224 E 3RD CT	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLVIN, KEITH	
STREET ADDRESS	1404 EAST 8TH ST	
CITY-STATE-ZIP	LYNN HAVEN FL 32444	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMUELS, KATHRYN	
STREET ADDRESS	115 N ORANGE ST	
CITY-STATE-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000634640  
02/22/07-80020-005 61.25

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #