2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N02000006823

Entity Name: NAMI BAY COUNTY, INC.

Current Principal Place of Business:

1535 LOGAN COURT
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

1535 LOGAN COURT
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 03-0494213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOIELLO, JOHN L
1535 LOGAN CT
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

GREEN, DAVID F
1535 LOGAN CT
PANAMA CITY, FL 32404 US

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: DAVID F. GREEN 04/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GREEN, DAVID F
Address: 1535 LOGAN COURT
City-St-Zip: PANAMA CITY, FL 32404

Title: PDV ( ) Delete
Name: DAFFEL, VIRGIL
Address: 705 FL AVE APT. C
City-St-Zip: LYNN HAVEN, FL 32444

Title: 2VP ( ) Delete
Name: DEGEORGE, LAUREN
Address: 224 E 3RD CT
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: COLVIN, KEITH
Address: 1404 EAST 8TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete
Name: SAMUELS, KATHRYN
Address: 115 N ORANGE ST
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PDV (X) Change ( ) Addition
Name: DUFFELL, VIRGIL H
Address: 1009 COLORADO AVE
City-St-Zip: LYNN HAVEN, FL 32444

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID GREEN P 04/25/2009
Electronic Signature of Signing Officer or Director Date