

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008597

FILED
May 02, 2008
Secretary of State

Entity Name: FRIENDS OF BEATTY BAYOU, INC.

Current Principal Place of Business:

2810 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2810 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 32-0041614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARRETT, CHARLES
821 HARVARD BLVD
LYNN HAVEN, FL 32444 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: PLUMB, WILLIAM
Address: 225 N. BAY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: V () Delete
Name: VANDERLAAN, ROBERT
Address: 1721 E 9TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: P () Delete
Name: MAY, SHARON
Address: 3102 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: TP () Delete
Name: GRAHAM, TAMI K
Address: 2810 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: SKIPPER, LARRY
Address: 2912 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TAMI K. GRAHAM

TP

05/02/2008

Electronic Signature of Signing Officer or Director

Date