

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

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90168 034 ****75.00

DOCUMENT # N03000005158

1. Entity Name

TAF OF BAY COUNTY, INC.



Principal Place of Business

8317 FRONT BEACH RD UNIT 12
PANAMA CITY FL 32407

Mailing Address

8317 FRONT BEACH RD UNIT 12
PANAMA CITY FL 32407

50001791



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

11-3698171

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

BOONE, JOYVE
2601 ANNE AVE
PANAMA CITY FL 32408

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOONE, JOYCE	
STREET ADDRESS	8317 FRONT BEACH RD UNIT 12	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAHAIE, ROBERT	
STREET ADDRESS	2601 ANNE AVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KRISTY, RAY	
STREET ADDRESS	2601 ANNE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	La. Haie Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2601 ANNE AVE	
STREET ADDRESS	PANAMA CITY FL 32408	
CITY-ST-ZIP		
TITLE	BOONE JOYCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8317 F.B.R.	
STREET ADDRESS	PANAMA CITY FL 32407	
CITY-ST-ZIP		
TITLE	Rodriguez Sandra	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6713 CORTEZ ST.	
STREET ADDRESS	PANAMA CITY FL 32404	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2-28-06 850-2303040