2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State
04-20-2005 90293 004 ****66.25

DOCUMENT # N04000008278

1. Entity Name
THAI AMERICAN ASSOCIATION OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
7515 CHIPEWA ST. PANAMA CITY, FL 32404	7515 CHIPEWA ST. PANAMA CITY, FL 32404

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1727313 ☐ 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
SANDERSON, FRANK 7515 CHIPEWA ST. 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 Franklin F. Sanderson FRANKLIN SANDERSON (Franklin Sanderson) 4/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005 | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMACHO, TERESA 807 JOAN LANE PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES JINTANAPEN T. CAMACHO 807 JOAN LANE PANAMA CITY, FL 32404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAIR, NOY 117 N JAN DR. PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOY BAIR 117 N. JAN DR. PANAMA CITY, FL 32404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANDERSON, TOY 7515 CHIPEWA ST PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS TOY SANDERSON 7515 CHIPEWA ST. PANAMA CITY, FL 32404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EATON, NANCY 27 G W COOPER DR PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec NANCY FEATON 27 E WCOOPER DR. PANAMA CITY, FL 32404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLONEL, KANJANEE 704 S. TYNDALL PARKWAY PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director KANJANEE COLONEL 704 S. TYNDALL PARKWAY PANAMA CITY, FL 32404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, SANIT 27E W. COOPER DR. PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director SANIT MILLER 27 E W. COOPER DR PANAMA CITY 32404	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: T-Camacho 3/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #