

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 008 ****66.25

DOCUMENT # N54000009278

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



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

Mailing Address
**7515 CHIPEWA ST.
PANAMA CITY, FL 32404**

40047393



03202006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SANDERSON, FRANK
7515 CHIPEWA ST.
PANAMA CITY, FL 32404**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAMACHO, TERESA
807 JOAN LANE
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BAIR, NOY
117 N JAN DR.
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SANDERSON, TOY
7515 CHIPEWA ST
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
EATON, NANCY
27 G W COOPER DR
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLONEL, KANJANEE
704 S. TYNDALL PARKWAY
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, SANIT
27E W. COOPER DR.
PANAMA CITY, FL 32404**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

23 Mar 06