2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N04000009278

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

Current Principal Place of Business:

7515 CHIPEWA ST.
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

7515 CHIPEWA ST.
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 20-1727313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERSON, FRANK
7515 CHIPEWA ST.
PANAMA CITY, FL 32404 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: P ( ) Delete
Name: CAMACHO, TERESA
Address: 807 JOAN LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: V ( ) Delete
Name: BAIR, NOY
Address: 117 N JAN DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete
Name: SANDERSON, TOY
Address: 7515 CHIPEWA ST
City-St-Zip: PANAMA CITY, FL 32404

Title: S ( ) Delete
Name: EATON, NANCY
Address: 27 G W COOPER DR
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: COLONEL, KANJANEE
Address: 704 S. TYNDALL PARKWAY
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: MILLER, SANIT
Address: 27E W. COOPER DR.
City-St-Zip: PANAMA CITY, FL 32404

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:

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: JINTANAPORN T. CAMACHO P 03/22/2009

Electronic Signature of Signing Officer or Director — Date