

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90045 049 \*\*\*\*61.25

<b>DOCUMENT # N04000011833</b>					
<b>1. Entity Name</b> BAY AREA OFFICIALS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P. O. BOX 10389 PANAMA CITY, FL 32404 US			<b>Mailing Address</b> P. O. BOX 10389 PANAMA CITY, FL 32404 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3697061	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KELLER, ERIC K 524 J H CREWS CIRCLE PANAMA CITY, FL 32404			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> PRINCE, DAVID <b>STREET ADDRESS</b> P. O. BOX 10389 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> CAMPBELL, JON <b>STREET ADDRESS</b> P.O. Box 10389 <b>CITY-ST-ZIP</b> PANAMA City FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> CAMPBELL, JON <b>STREET ADDRESS</b> P. O. BOX 10389 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> BAUR, ROBERT <b>STREET ADDRESS</b> P.O. Box 10389 <b>CITY-ST-ZIP</b> Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> KELLER, ERIC <b>STREET ADDRESS</b> P. O. BOX 10389 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WELLS, ROBERT <b>STREET ADDRESS</b> P. O. BOX 10389 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> ODOM, Tim <b>STREET ADDRESS</b> P.O. Box 10389 <b>CITY-ST-ZIP</b> PANAMA City, FL 32404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> BC <b>NAME</b> MELTON, WILLIAM <b>STREET ADDRESS</b> P. O. BOX 10389 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Eric K. Keller</u>			<b>7/5/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			850-624-5514		
			Daytime Phone #		