

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004837

FILED
Mar 10, 2009
Secretary of State

Entity Name: BAY COUNTY ALZHEIMER'S ALLIANCE, INC.

Current Principal Place of Business:

2420 LISEBY AVE
PANAMA CITY, FL 32405

New Principal Place of Business:

516 MCKENZIE AVE
PANAMA CITY, FL 32401

Current Mailing Address:

P OBOX 16345
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 30-0316868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JASON
306 E 19TH ST
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

WHITE, JASON
516 MCKENZIE AVE
PANAMA CITY, FL 32401 US

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:

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROWN, CHERYL
Address: 2110 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: P () Delete
Name: WHITE, JASON
Address: 306 E 19TH ST
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: JENNINGS, DEBRA
Address: 449 N 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: WHITE, JASON
Address: 306 E 19TH ST
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WHITE, JASON
Address: 516 MCKENZIE AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: S (X) Change () Addition
Name: MASSEY, DEBBIE
Address: 516 MCKENZIE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T (X) Change () Addition
Name: WHITE, JASON
Address: 516 MCKENZIE AVE.
City-St-Zip: PANAMA CITY, FL 32401

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: JASON WHITE

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date