

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004837

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

516 MCKENZIE AVE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**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  
516 MCKENZIE AVE  
PANAMA CITY, FL 32401 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  
**Name:** MCLAUGHLIN, MIKE  
**Address:** 516 MCKENZIE AVE.  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** V  
**Name:** BROWN, CHERYL  
**Address:** 516 MCKENZIE AVE  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** S  
**Name:** ANDERS, ABBY  
**Address:** 516 MCKENZIE AVE.  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** T  
**Name:** WHITE, JASON  
**Address:** 516 MCKENZIE AVE.  
**City-St-Zip:** PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

**SIGNATURE:** JASON WHITE

T

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date