2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007
Secretary of State

DOCUMENT# N05000008501

Entity Name: BAY COUNTY PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

224 E 3RD CT
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

224 E 3RD CT
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEGEORGE, LAUREN
224 E 3RD CT
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 ( ) Delete
Name: DEGEORGE, LAUREN
Address: 224 E 3RD CT
City-St-Zip: PANAMA CITY, FL 32401

Title: V ( ) Delete
Name: CREEL, MYRON
Address: 224 E 3RD CT
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: PETERSON, LINDA
Address: 224 E 3RD CT
City-St-Zip: PANAMA CITY, FL 32401

Title: S ( ) Delete
Name: MARQUIS, GURELLE
Address: 224 E 3RD CT
City-St-Zip: PANAMA CITY, FL 32401

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:

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: MARY DEGEORGE MS. 06/19/2007
Electronic Signature of Signing Officer or Director — Date