


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000009656</b> 1. Entity Name THE ROSEMARY BEACH FOUNDATION, INC.	
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Principal Place of Business 16D SOUTH BARRETT SQ. ROSEMARY BCH, FL 32461	Mailing Address 16D SOUTH BARRETT SQ. ROSEMARY BCH, FL 32461
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**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3764896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BAGBY, JAMES B 16D S BARRETT SQ ROSEMARY BEACH, FL 32461
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IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSER, ALLEN P. O. BOX 611306 ROSEMARY BCH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, STEVE P. O. BOX 611306 ROSEMARY BCH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAGBY, JAMES B P. O. BOX 611306 ROSEMARY BCH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, LORI PO BOX 611306 ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMESON, KIM PO BOX 611306 ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000658481  
03/15/07-80041-005 61.25

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IN THIS SPACE**

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.

**SIGNATURE:** James B Bagby **3/2/07** **850.231.1861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #