

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000002062

1. Entity Name
EAST BAY INSTITUTE, INC.



Principal Place of Business
135 HARRISON AVE
PANAMA CITY, FL 32401

Mailing Address
135 HARRISON AVE
PANAMA CITY, FL 32401

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, CECELIA
135 HARRISON AVE
PANAMA CITY, FL 32401

Name **SHAIENDRA, PAUL**

Street Address (P.O. Box Number is Not Acceptable)
11741 Peachtree Rd

City

PANAMA CITY

FL

Zip Code

32401

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/9/08

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
POSTON, JULIUS
135 HARRISON AVE
PANAMA CITY, FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
07/30/08--01019--001 **372.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COWAN, JOEL H JR
135 HARRISON AVE
PANAMA CITY, FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500133751885
07/30/08--01019--001 **372.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHAIENDRA, PAUL
1170 PEACHTREE NE SUITE 2350
ATLANTA, GA 30309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08

Date

Daytime Phone #

404-591-6900

7/29/08

FILED

08 JUL 28 AM 11:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

