


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003784		
1. Entity Name PANAMA CITY BEACH HURRICANES R.F.C., INC.		

FILED
06 MAY 23 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1901 RHODE ISLAND AVE. LYNN HAVEN, FL 32444	Mailing Address 1901 RHODE ISLAND AVE. LYNN HAVEN, FL 32444
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05152006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3742963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
YOUNG, MARK H 1901 RHODE ISLAND AVE. LYNN HAVEN, FL 32444	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARK H	NAME	
STREET ADDRESS	1901 RHODE ISLAND AVE.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESELLSCHAP, MICHAEL R	NAME	
STREET ADDRESS	302 HIDDEN ISLAND DR.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	CITY-ST-ZIP	01/13/03 90122 004 15000- 85.00
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEMBERTON, BRYAN J	NAME	
STREET ADDRESS	706 PADDOCK CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32407	CITY-ST-ZIP	04/27/04 80101 009 150.00 - 6.25
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	05/23
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: MARK H. YOUNG <i>Mark H. Young, President</i>	15 MAY 2006	850-283-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #