

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003784

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** PANAMA CITY BEACH HURRICANES R.F.C., INC.

**Current Principal Place of Business:**

1901 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1901 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-3742963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, MARK H  
1901 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444 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: PDS ( ) Delete  
Name: YOUNG, MARK H  
Address: 1901 RHODE ISLAND AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD ( ) Delete  
Name: GESELLSCHAP, MICHAEL R  
Address: 302 HIDDEN ISLAND DR.  
City-St-Zip: PANAMA CITY BCH, FL 32408

Title: DT ( ) Delete  
Name: PEMBERTON, BRYAN J  
Address: 706 PADDOCK CLUB DR.  
City-St-Zip: PANAMA CITY BCH, FL 32407

**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:

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: MARK H YOUNG

PDS

01/11/2009

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

\_\_\_\_\_  
Date