

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012001

FILED  
Aug 16, 2007  
Secretary of State

**Entity Name:** BAY COUNTY MASTER GARDENER ASSOCIATION, INC.

**Current Principal Place of Business:**

647 JENKS AVE SUITE A  
PANAMA CITY, FL 324012629

**New Principal Place of Business:**

**Current Mailing Address:**

647 JENKS AVE SUITE A  
PANAMA CITY, FL 324012629

**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:**

RUDISILL, KENNETH R  
647 JENKS AVE SUITE A  
PANAMA CITY, FL 324012629 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: WOOD-PUTNAM, JODY  
Address: 2229 COCHRAN RD  
City-St-Zip: PANAMA CITY, FL 32404

Title: V ( ) Delete  
Name: VENGLIK, JONNIE  
Address: 4 HOMBRE CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: V ( ) Delete  
Name: KLINKHAMMER, BECKY  
Address: 4341 THOMAS DRIVE #G24  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S ( ) Delete  
Name: MAY, SHARON  
Address: 3102 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete  
Name: CRAWFORD, INA  
Address: 130 BYRD DR.  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JENKINS, JIM  
Address: 4461 ASHLAND ROAD  
City-St-Zip: PANAMA CITY, FL 32405

Title: V (X) Change ( ) Addition  
Name: BENFORD, KATHERINE  
Address: 202 S. MACARTHUR AVENUE  
City-St-Zip: PANAMA CITY BEACH, FL 32401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CRAWFORD, INA  
Address: 130 BYRD DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

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: INA CRAWFORD

T

08/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date