## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000011103

**Entity Name: NEWPOINT BAY INC** 

TI FILED
Oct 07, 2009
Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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700 WEST 23RD ST, BUILDING H 1515 JUNE AVE

PANAMA CITY, FL 32405 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

700 WEST 23RD ST, BUILDING H 1515 JUNE AVE

PANAMA CITY, FL 32405 PANAMA CITY, FL 32405

FEI Number: 26-1413851 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BARTHOLET, CHRISTOPHER L

10302 GREENHEDGES DR

TAMPA, FL 33626 US

LOVETT, CARLA

1515 JUNE AVE
PANAMA CITY, FL 32405 US

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: C LOVETT 10/07/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANG

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BARTHOLET, CHRISTOPHER L
 Name:

 Address:
 10302 GREENHEDGES DR
 Address:

City-St-Zip: TAMPA, FL 33626 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VANBIBBER, NANCY
 Name:

 Address:
 3713 MARINER DR.
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:

Title: S/TR ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 SHERMAN, CLAIRE
 Name:
 SHERMAN, CLAIRE

 Address:
 1416 N. CENTER AVE
 Address:
 1416 N. CENTER AVE

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 PANAMA CITY, FL 32401

Title: ( ) Delete Title: TR ( ) Change (X) Addition

Name: Name: MOSS, STEVEN

Address: Address: 2101 NORTHSIDE DRIVE #102
City-St-Zip: City-St-Zip: PANAMA CITY, FL 32405

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: CARLA LOVETT M 10/07/2009