## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005829

Apr 28, 2009 Secretary of State

Entity Name: BAY COUNTY MOTORCYCLE ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 5118 DOUGLAS ST PANAMA CITY, FL 32404 **Current Mailing Address: New Mailing Address:** 5118 DOUGLAS ST PANAMA CITY, FL 32404 FEI Number: 26-2640307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BACHAND, LINDA L 5118 DOUĞLAS ST PANAMA CITY, FL 32404 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SNELL, VERNON Name: Name: Address: 6213 BRYAN WAY Address: City-St-Zip: CALLAWAY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition BACHAND, LINDA Name: Name: Address: 5118 DOUGLAS ST Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: () Delete Title: () Change () Addition OLIVER, DALE Name: Name: 3994 DELISA AVE Address: Address: City-St-Zip: PANAMA CITY, FL 324045836 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: LINDA BACHAND Τ 04/28/2009