2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2009
Secretary of State

DOCUMENT# N08000008425

Entity Name: BROTHERS UNITED OF BAY COUNTY, INC.

Current Principal Place of Business:

1615 FRIENDSHIP AVE.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1615 FRIENDSHIP AVE.
PANAMA CITY, FL 32405

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:

GIVENS, CARL
1615 FRIENDSHIP AVE.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

JOHNSON, JAMES M
116 HARLEM AVE
PANAMA CITY, FL 32401 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: JAMES M. JOHNSON 08/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIVENS, CARL
Address: 1615 FRIENDSHIP AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: VD ( ) Delete
Name: JOHNSON, JAMES M
Address: 116 HARLEM AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete
Name: JOHNSON, TIMOTHY
Address: 6318 BABBY LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete
Name: MORRELL, ROBERT
Address: 1615 FRIENDSHIP AVE.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: JOHNSON, TIMOTHY
Address: 1000 W. 9TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: T (X) Change ( ) Addition
Name: MARRELL, ROBERT
Address: 1615 FRIENDSHIP AVE.
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: TIMOTHY JOHNSON REV. 08/18/2009
Electronic Signature of Signing Officer or Director Date