

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001295

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** BAY COUNTY COMMUNITY, EDUCATIONAL, AND CHARITABLE LAND TRUST, INC

**Current Principal Place of Business:**

1506.5 FOUTAIN AVENUE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

1506.5 FOUTAIN AVENUE  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

**FEI Number:** 27-1724021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, RONNIE H  
610 DAVID AVENUE  
PANAMA CITY, FL 32404 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: DT  
Name: ADAMS, RONNIE H  
Address: 601 DAVID AVENUE  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D  
Name: FARROW, WILLIE A  
Address: 1500 FOUNTAIN AVENUE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D  
Name: BRANCH, LINDA  
Address: 1820 RHODE ISLAND AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D  
Name: SIMMONS, FINNIS  
Address: 715 FLIGHT AVENUE  
City-St-Zip: PANAMA CITY, FL 32404 US

I hereby 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 all other like empowered.

SIGNATURE: RONNIE H. ADAMS

DT

04/22/2011

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

\_\_\_\_\_  
Date