2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90009 016 ****61.25

DOCUMENT # N13932

1. Entity Name

ESCAMBIA BAY FACILITIES, INC.

Principal Place of Business	Mailing Address
2017 EVENTIDE ROAD MILTON FL 32583 US	2017 EVENTIDE ROAD MILTON FL 32583 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2884753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, JOANNE F
2017 EVENTIDE RD
MILTON FL 32583

7. Name and Address of New Registered Agent

Name: Betty E. Stephens
Street Address (P.O. Box Number is Not Acceptable): 2013 Eventide Rd.
City: Milton FL Zip Code: 32583

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Betty E. Stephens DATE: April 16, 08

Signature required when reinstating. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NICHOLS, COLIE 2025 EVENTIDE RD. MILTON FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Nichols, Colie 2025 EvenTide Rd. Milton, Fl. 32583	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT PERRY, JOANN 2017 EVENTIDE RD. MILTON FL 32583-9529	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Stephens, Betty E 2013 Eventide Rd. Milton, Fl. 32583	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TRIMM, SHELLEY 5613 VOYAGER DR. MILTON FL 32583	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Kincaid Charlene 2000 Eventide Rd. Milton, Fl. 32583	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Perry, Joann 2017 Eventide Rd. Milton, Fl. 32583	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Perry 850 626-2017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR