


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N14020 1. Entity Name BAY JUVENILE DETENTION CENTER ADVISORY BOARD, INC.	
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Principal Place of Business 450 EAST 11TH STREET PANAMA CITY, FL 32401	Mailing Address 450 EAST 11TH STREET PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2934334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, JENNIFER 3211 AZALEA CIRCLE LYNN HAVEN, FL 32444	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>000000802427 02/01/08-80059-001 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, ANNE 121 COLINA CIRCLE PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JONES, JENNIFER 3211 AZALEA CIRCLE LYNN HAVEN, FL 32444	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Anne Martin* **1/25/08** **850-872-4706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X119**