


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N19598 1. Entity Name BAY COUNTY AMATEUR BASEBALL, INC.	
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Principal Place of Business % WILLIAM WAYNE BOYD 327 LIDDON PLACE LYNN HAVEN, FL 32444	Mailing Address % WILLIAM WAYNE BOYD 327 LIDDON PLACE LYNN HAVEN, FL 32444
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOYD, WILLIAM WAYNE
327 LIDDON PLACE
LYNN HAVEN, FL 32444

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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, 2005	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

TITLE	D
NAME	BOYD, WILLIAM WAYNE
STREET ADDRESS	327 LIDDON PLACE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	P
NAME	COMMANDER, CHARLES W.
STREET ADDRESS	1300 EAST EIGHTH STREET
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	LONG, JAMES T., JR.
STREET ADDRESS	5337 LANCE STREET
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	TERRELL, GARRY
STREET ADDRESS	505 PALERMO ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	MORRIS, BILLY R
STREET ADDRESS	1512 GEORGIA AVE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80010-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Wayne Boyd William Wayne Boyd 1-5-2005 850-265-4309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #