


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19598</b> <small>1. Entity Name</small> <b>BAY COUNTY AMATEUR BASEBALL, INC.</b>	
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<small>Principal Place of Business</small> <b>% WILLIAM WAYNE BOYD 327 LIDDON PLACE LYNN HAVEN, FL 32444</b>	<small>Mailing Address</small> <b>% WILLIAM WAYNE BOYD 327 LIDDON PLACE LYNN HAVEN, FL 32444</b>
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01172006 No Chg-NP CR2E037 (11/05)

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

<small>6. Name and Address of Current Registered Agent</small>  <b>BOYD, WILLIAM WAYNE 327 LIDDON PLACE LYNN HAVEN, FL 32444</b>
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<small>10. OFFICERS AND DIRECTORS</small>	
<small>TITLE</small> <b>D</b>	<b>BOYD, WILLIAM WAYNE 327 LIDDON PLACE LYNN HAVEN, FL</b>
<small>TITLE</small> <b>P</b>	<b>COMMANDER, CHARLES W. 1300 EAST EIGHTH STREET LYNN HAVEN, FL 32444</b>
<small>TITLE</small> <b>D</b>	<b>LONG, JAMES T., JR. 5337 LANCE STREET PANAMA CITY, FL 32404</b>
<small>TITLE</small> <b>D</b>	<b>TERRELL, GARRY 505 PALERMO ROAD PANAMA CITY, FL 32405</b>
<small>TITLE</small> <b>D</b>	<b>MORRIS, BILLY R 1512 GEORGIA AVE LYNN HAVEN, FL</b>
<small>TITLE</small> <b></b>	<b></b>

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01/30/06--80005-017 61.25

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 empowerments.

**SIGNATURE:** *William Wayne Boyd* **1-18-2006** **850-265-4309**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #