

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19598

FILED  
Jan 21, 2007  
Secretary of State

**Entity Name:** BAY COUNTY AMATEUR BASEBALL, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BOYD, WILLIAM WAYNE  
327 LIDDON PLACE  
LYNN HAVEN, FL 32444      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:                      D                      ( ) Delete  
Name:                      BOYD, WILLIAM WAYNE,  
Address:                      327 LIDDON PLACE  
City-St-Zip:                      LYNN HAVEN, FL

Title:                      P                      ( ) Delete  
Name:                      COMMANDER, CHARLES W. ,  
Address:                      1300 EAST EIGHTH STREET  
City-St-Zip:                      LYNN HAVEN, FL 32444

Title:                      D                      ( ) Delete  
Name:                      LONG, JAMES T., JR.,  
Address:                      5337 LANCE STREET  
City-St-Zip:                      PANAMA CITY, FL 32404

Title:                      D                      ( ) Delete  
Name:                      TERRELL, GARRY,  
Address:                      505 PALERMO ROAD  
City-St-Zip:                      PANAMA CITY, FL 32405

Title:                      D                      ( ) Delete  
Name:                      MORRIS, BILLY R  
Address:                      1512 GEORGIA AVE  
City-St-Zip:                      LYNN HAVEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

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Name:                      ( ) Change ( ) Addition  
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City-St-Zip:                      ( ) Change ( ) Addition

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Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM WAYNE BOYD

D

01/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date