

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34340

FILED
Feb 19, 2009
Secretary of State

Entity Name: FAMILY SERVICE AGENCY OF BAY COUNTY, INC.

Current Principal Place of Business:

114 EAST 9TH STREET
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 752
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-6013413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, DIANE
114 EAST 9TH STREET
PANAMA CITY, FL 32401 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: P () Delete
Name: WISE, DIANE
Address: 3305 E. ORLANDO ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD () Delete
Name: TROMBLY, KATHY
Address: 7528 KINGSWOOD ROAD
City-St-Zip: SOUTHPORT, FL 32409

Title: PD () Delete
Name: TALIAFERRO, JAMES
Address: 420 HARVARD STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD () Delete
Name: CORDER, KIM
Address: 1042 MECHE DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: TD () Delete
Name: BRAVO, SUSAN
Address: 125 HAMILTON AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: CRAWFORD, WILLIAM
Address: 171 BYRD DRIVE
City-St-Zip: PANAMA CITY, FL 32404

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DIANE WISE

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date