

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35040

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** BAY EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

1311 BALBOA AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1311 BALBOA AVE.  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-2987826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRISON, FRANKLIN R.  
304 MAGNOLIA AVE  
PANAMA CITY, FL 32402 US

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

HARRISON, FRANKLIN R.  
304 MAGNOLIA AVE  
PANAMA CITY, FL 32401 US

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:**

01/07/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** JOHNSON, JOHN  
**Address:** 1311 BALBOA AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** VD  
**Name:** GLEN, MCDONALD  
**Address:** 430 WEST 5TH STREET, SUITE 700  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** PD  
**Name:** ADAMS, RONNIE  
**Address:** 601 DAVID AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** SD  
**Name:** BOWMAN, SCOTT  
**Address:** 1514 WEST 23RD STREET, SUITE B  
**City-St-Zip:** PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

**SIGNATURE:** RONNIE ADAMS

PD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date