

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39383

FILED
Jan 17, 2009
Secretary of State

Entity Name: UNITARIAN-UNIVERSALIST FELLOWSHIP OF BAY COUNTY, INC.

Current Principal Place of Business:

1410 AIRPORT ROAD
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15038
PANAMA CITY, FL 32405 US

New Mailing Address:

1410 AIRPORT ROAD
PANAMA CITY, FL 32405 US

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

Name and Address of Current Registered Agent:

SIZEMORE, KEN
1054 WEST 11TH COURT
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: PD () Delete
Name: SIZEMORE, KEN
Address: 1054 WEST 11TH COURT
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Delete
Name: LAMBERT, ALINE
Address: 9346 NW LAWSON RIDGE
City-St-Zip: ALTHA, FL 32421

Title: D () Delete
Name: CRONIN, DANIEL
Address: 3540 TOKEN RD
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: MYERS, HARRIETT
Address: 815 COLORADO AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARBISON, CANDIS
Address: 120 2ND PLACE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Change () Addition
Name: SIRMONS, MARTY
Address: 1036 COLLEGE BLVD.
City-St-Zip: LYNN HAVEN, FL 32444

Title: S (X) Change () Addition
Name: KELLOGG, CHERYL
Address: 105 N. COVE TERRACE DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: T (X) Change () Addition
Name: SAPP, TIFFANY
Address: 3407 GAME FARM ROAD
City-St-Zip: PANAMA CITY, FL 32405

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: CANDIS HARBISON

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date