

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42280

FILED
Oct 08, 2009
Secretary of State

Entity Name: BAY COUNTY SMALL BUSINESS INCUBATOR, INC.

Current Principal Place of Business:

2500 MINNESOTA AVE.
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

2500 MINNESOTA AVE.
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 59-3073391 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BABER, LEWIS E.
2500 MINNESOTA AVENUE
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: LEWIS BABER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMM, JACK
Address: 11 PANAMA CITY MARINA
City-St-Zip: PANAMA CITY, FL

Title: D () Delete
Name: CLEMONS, GIRARD, JR.
Address: 438 COVE BLVD.
City-St-Zip: PANAMA CITY, FL

Title: VP () Delete
Name: BABER, LEWIS E
Address: 2500 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: DT () Delete
Name: JINKS, RUSSELL
Address: 509 HARRISON AVE SUITE 206
City-St-Zip: PANAMA CITY, FL

Title: S () Delete
Name: WALZ, BOB
Address: 2500 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: DARRAH, JOHN
Address: 227 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHELLE E. DARKO

SEC

10/08/2009

Electronic Signature of Signing Officer or Director

Date