

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001755

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: ASSOCIATION OF BAY COUNTY EDUCATORS, INC.

## Current Principal Place of Business:

1610 BECK AVENUE  
PANAMA CITY, FL 32405

## New Principal Place of Business:

## Current Mailing Address:

1610 BECK AVENUE  
PANAMA CITY, FL 32405

## New Mailing Address:

FEI Number: 59-1646283      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:

PAYNE, SILVIA S  
1610 BECK AVE.  
PANAMA CITY, FL 32405      US

## Name and Address of New Registered Agent:

RAMOS, THOMAS D  
8 HARVARD CIRCLE  
PANAMA CITY, FL 32405      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: THOMAS D. RAMOS

07/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RAMOS, TOM  
Address: PO BOX 1731  
City-St-Zip: PANAMA CITY, FL 32402

Title: VD ( ) Delete  
Name: GRIFFIN, YVETTE  
Address: P.O. BOX 813  
City-St-Zip: PANAMA CITY, FL 32402

Title: T ( ) Delete  
Name: FOWLER, CYNTHIA L  
Address: 1308 STEPHEN DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete  
Name: PARKER, CANDACE  
Address: 1819 MASSACHUSETTS AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRIFFIN, YVETTE  
Address: P O BOX 813  
City-St-Zip: PANAMA CITY, FL 32402 US

Title: VD (X) Change ( ) Addition  
Name: PARKER, CANDACE  
Address: 3203 PLEASANT HILL ROAD  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: T (X) Change ( ) Addition  
Name: MC NEIL, ANDY  
Address: 4004 TARPON ST  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: S (X) Change ( ) Addition  
Name: WISHART, DIANE  
Address: 925 W PIERSON DR  
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS D. RAMOS

ED

07/29/2005

Electronic Signature of Signing Officer or Director

Date