2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N93000001755

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 ( )**

Name and Address of Current Registered Agent:

RAMOS, THOMAS D
8 HARVARD CIRCLE
PANAMA CITY, FL 32405 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:	GRIFFIN, YVETTE	
Address:	P O BOX 813	
City-St-Zip:	PANAMA CITY, FL 32402 US	
Title:	VD	( ) Delete
Name:	PARKER, CANDACE	
Address:	3203 PLEASANT HILL ROAD	
City-St-Zip:	LYNN HAVEN, FL 32444 US	
Title:	T	( ) Delete
Name:	MC NEIL, ANDY	
Address:	4004 TARPON ST	
City-St-Zip:	PANAMA CITY BEACH, FL 32408 US	
Title:	S	( ) Delete
Name:	WISHART, DIANE	
Address:	925 W PIERSON DR	
City-St-Zip:	LYNN HAVEN, FL 32444 US	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: YVETTE GRIFFIN PD 01/10/2006

Electronic Signature of Signing Officer or Director — Date