2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001755

FILED Jan 03, 2007 Secretary of State

Entity Name: ASSOCIATION OF BAY COUNTY EDUCATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

1610 BECK AVENUE PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

1610 BECK AVENUE PANAMA CITY, FL 32405

FEI Number: 59-1646283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAMOS, THOMAS D

8 HARVARD CIRCLE

1610 BECK AVENUE

PANAMA CITY FL 32405

PANAMA CITY, FL 32405 US 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: 01/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 GRIFFIN, YVETTE
 Name:
 PARKER, CANDACE

 Address:
 P O BOX 813
 Address:
 3203 PLEASANT HILL ROAD

 City-St-Zip:
 PANAMA CITY, FL 32402 US
 City-St-Zip:
 LYNN HAVEN, FL 32444 US

Title: VD () Delete Title: VD (X) Change () Addition

Name:PARKER, CANDACEName:EDWARDS, KATHYAddress:3203 PLEASANT HILL ROADAddress:309 S. SAN SOUCI BLVD

City-St-Zip: LYNN HAVEN, FL 32444 US City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: T () Delete Title: T (X) Change () Addition Name: MC NEIL, ANDY Name: RUTHERFORD, JANET

Address: 4004 TARPON ST Address: 2715 PEMBROKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US City-St-Zip: PANAMA CITY, FL 32405 US

Title: S () Delete Title: () Change () Addition

 Name:
 WISHART, DIANE
 Name:

 Address:
 925 W PIERSON DR
 Address:

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 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: CANDACE PARKER P 01/03/2007