

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 04, 2008 08:00 AM

Secretary of State

paid check # 566

DOCUMENT # N94000001493	
1. Entity Name BAY COUNTY SPORTS HALL OF FAME, INC.	

Principal Place of Business 1900 W. 11TH STREET PANAMA CITY FL 32401	Mailing Address 1900 W. 11TH STREET PANAMA CITY FL 32401
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-3245000	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITTON, JEFFREY P 565 HARRISON AVENUE PANAMA CITY FL 32401
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title. For principal, (NOTE: Registered Agent signature is required when reinstating)
DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAMMER, JOE 224 S COVE TERR DR PANAMA CITY FL 32401-4039 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000881648 04/16/08-80010-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODWIN, DAVE 1900 W 11TH ST PANAMA CITY FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUMBLE, ANN 209 BIRDIE LANE PANAMA CITY BEACH FL 32407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <i>Ann F. Humble</i>	04/02/08	872-3199
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