2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N94000005552

Entity Name: BAY COUNTY EDUCATIONAL FACILITIES FINANCE CORPORATION

Current Principal Place of Business:

1311 BALBOA AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1311 BALBOA AVE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3306100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, FRANKLIN
304 MAGNOLIA AVE
PANAMA CITY, FL 32401 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: D ( ) Delete
Name: DANZEY, BYRON M
Address: 2910 KING HARBOUR ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: BROCK, JOHNNY MR
Address: 430 SOUTH STAR AVE
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete
Name: MCCALISTER, JAMES
Address: 514 DAVID AVE.
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: JONES, MIKE MR
Address: 2715 HILLSBORO AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: ROHAN, THELMA G MRS
Address: 239 S. COVE TERRACE DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: ALLEN, DONNA
Address: 4300 BAY POINT ROAD, #427
City-St-Zip: PANAMA CITY BEACH, FL 32408

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:

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 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: JAMES MCCALISTER D 04/18/2005

Electronic Signature of Signing Officer or Director — Date