2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005552

FILED Jul 06, 2006 Secretary of State

Entity Name: BAY COUNTY EDUCATIONAL FACILITIES FINANCE CORPORATION

	rincipal Place of Business:	New Principal Place of Business:
1311 BALE PANAMA (BOA AVE CITY, FL 32401	
Current M	lailing Address:	New Mailing Address:
1311 BALE PANAMA (BOA AVE CITY, FL 32401	
n accordan	: 59-3306100 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did	·
HARRISO 304 MAGN PANAMA (I Address of Current Registered Agent: N, FRANKLIN NOLIA AVE CITY, FL 32401 US named entity submits this statement for the	Name and Address of New Registered Agent: e purpose of changing its registered office or registered agent, or both,
	e of Florida.	
SIGNATUI	RE:Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete DANZEY, BYRON M 2910 KING HARBOUR ROAD PANAMA CITY, FL 32405	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address:	D () Delete BROCK, JOHNNY MR 430 SOUTH STAR AVE PANAMA CITY, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BROCK, JOHNNY MR 430 SOUTH STAR AVE	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	BROCK, JOHNNY MR 430 SOUTH STAR AVE PANAMA CITY, FL D () Delete MCCALISTER, JAMES 514 DAVID AVE.	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BROCK, JOHNNY MR 430 SOUTH STAR AVE PANAMA CITY, FL D () Delete MCCALISTER, JAMES 514 DAVID AVE. PANAMA CITY, FL 32404 D () Delete JONES, MIKE MR 2715 HILLSBORO AVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: MCFATTER, JON MR Address: 1510 MACKENZIE COURT

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: JAMES E. MCCALISTER, SR. SUPT 07/06/2006