

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005552

FILED  
Jan 11, 2008  
Secretary of State

**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: SABISTON, PAT  
Address: 4412 FLETCHER STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: BROCK, JOHNNY  
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: MCFATTER, JON  
Address: 1510 MACKENZIE COURT  
City-St-Zip: PANAMA CITY, FL 32444

Title: D ( ) Delete  
Name: LITTLETON, GINGER  
Address: 370 MASSALINA DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: ALLEN, DONNA  
Address: 465 WAHOO ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROCK, JOHNNY  
Address: 430 SOUTH STAR AVE  
City-St-Zip: PANAMA CITY, FL 32404

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 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

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date