2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
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: 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 32404

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: NEVES, RYAN
Address: 4526 BLYSMA CIRCLE
City-St-Zip: PANAMA CITY, FL 32404

Title: D (X) Change ( ) Addition
Name: HUSFELT, WILLIAM V
Address: 3110 N. EAST AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change ( ) Addition
Name: REGISTER, JERRY
Address: 802 WEST 12TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

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: WILLIAM V. HUSFELT SUPT 01/12/2009

Electronic Signature of Signing Officer or Director — Date