2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# N97000001196

Entity Name: COME AS YOU ARE CLUB OF BAY COUNTY, INC.

Current Principal Place of Business:

8317 FRONT BEACH RD. STE. 27
P.O. BOX 9945
PANAMA CITY BEACH, FL 324170345

New Principal Place of Business:

Current Mailing Address:

P O BOX 9945
PANAMA CITY BEACH, FL 32417945 US

New Mailing Address:

FEI Number: 59-3398908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUSTIN, ROBERT R
4600 KINGFISH LN.
UNIT 402
PANAMA CITY, FL 32411 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:	DP	( ) Delete
Name:	BREAU, KATBY	
Address:	1816 THOMAS DR.	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	VD	( ) Delete
Name:	PEACOCK, SYLVIA	
Address:	4403 BAY POINT UNIT 403	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	VD	( ) Delete
Name:	GOODMAN, LOUIS F	
Address:	13620 PEPPOA LN.	
City-St-Zip:	PANAMA CITY, FL 32409	
Title:	DS	( ) Delete
Name:	AUSTIN, LINDA	
Address:	4600 KINGFISH LN.	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	DT	( ) Delete
Name:	AUSTIN, ROBERT	
Address:	4600 KINGFISH LN.	
City-St-Zip:	PANAMA CITY, FL 32411	

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:	

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: ROBERT AUSTIN DT 01/23/2004
Electronic Signature of Signing Officer or Director — Date