2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001196

Title:

Name:

Address:

City-St-Zip:

FILED Jul 10, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 8317 FRONT BEACH ROAD SUITE 27 PANAMA CITY BEACH, FL 324170345 **New Mailing Address: Current Mailing Address:** PO BOX 9945 PANAMA CITY BEACH, FL 324179945 US FEI Number: 59-3398908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AUSTIN, ROBERT R WILKOS, ROBERT E 404 HELÉN AVENUE 4600 KINGFISH LANE SPRINGFIELD, FL 32401 US **UNIT 402** PANAMA CITY, FL 32411 US 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: ROBERT E WILKOS 07/10/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition BREAU, KATHY Name: BREAU, KATHY Name: 1816 THOMAS DRIVE Address: 2100 WEST BEACH DRIVE #X203 Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY, FL 32405 Title: () Delete Title: (X) Change () Addition NESSLER, JOHN W Name: NESSLER, JOHN W Name: Address: PO BOX 27509 Address: PO BOX 27509 City-St-Zip: PANAMA CITY, FL 32411 City-St-Zip: PANAMA CITY, FL 32411 Title: SEC () Delete Title: () Change () Addition LAW, DIANNE Name: Name: 363 GREENWOOD CIRCLE Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: Title: TREA () Delete Title: () Change () Addition Name: WILKOS, ROBERT E Name: **404 HELEN AVENUE** Address: Address: City-St-Zip: SPRINGFIELD, FL 32401 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

VP1

PEACOCK, SYLVIA

PANAMA CITY, FL 32411

PO BOX 27509

() Change (X) Addition

SIGNATURE: ROBERT E WILKOS TREA 07/10/2006

() Delete