2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N97000006266

Entity Name: BAY COUNTY CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

235 W 5TH ST
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

235 W 5TH ST
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3479027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, CAROLA
235 W 5TH ST
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

ROBERTS, CAROL
235 W 5TH ST
PANAMA CITY, FL 32401 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: CAROL ROBERTS 01/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CLEMONS, SCOTT
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: WALTERS, ELIZABETH
Address: 235 W 5 ST
City-St-Zip: PANAMA CITY, FL 324014403

Title: D ( ) Delete
Name: GINN, J
Address: 235 W 5 ST
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: MCDONALD, GLEN
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: ROSS, MIKE
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: ED (X) Delete
Name: ROBERTS, CAROL A
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: SOUTHERLAND, STEVE
Address: 235 W 5 ST
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: MCDONALD, GLEN
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: ROSS, MIKE
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

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: CAROL ROBERTS P 01/14/2005
Electronic Signature of Signing Officer or Director Date