

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006266

FILED
Mar 23, 2009
Secretary of State

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, CAROL A
235 W 5TH ST
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: POWELL, DAVID
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: V () Delete
Name: MCNEIL, SEAN
Address: 235 W 5 ST
City-St-Zip: PANAMA CITY, FL 324014403

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

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

Title: C () Delete
Name: PHILLIPS, ANDY
Address: 235 W. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: POWELL, DAVID
Address: 235 W 5TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: C (X) Change () Addition
Name: MCNEIL, SEAN
Address: 235 W 5 ST
City-St-Zip: PANAMA CITY, FL 324014403

Title: D (X) Change () Addition
Name: RIVARD, BO
Address: 235 W 5 ST
City-St-Zip: PANAMA CITY, FL 32401

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

Title: D (X) Change () Addition
Name: PHILLIPS, ANDY
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 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: CAROL A ROBERTS

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date