

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006848

FILED
Jan 18, 2009
Secretary of State

Entity Name: BID-A-WEE BEACH PARK, INCORPORATED

Current Principal Place of Business:

13601 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9745
PANAMA CITY, FL 32417

New Mailing Address:

FEI Number: 59-3595430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JIMMY A
506 TARPON STREET
PANAMA CITY BEACH, FL 32413 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: SMITH, JIMMY A
Address: 506 TARPON ST
City-St-Zip: PANAMA CITY, FL 32413

Title: VPD () Delete
Name: MERRITT, FRANK
Address: 14302 MILLCOLE AVENUE
City-St-Zip: PANAMA CITY, FL 32413

Title: DT () Delete
Name: BRYAN, BRENDA
Address: 606 DOLPHIN ST
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DS () Delete
Name: SLADE, KATHY
Address: 13806 MILLCOLE AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DB () Delete
Name: GIBSON, DIANNA L
Address: 133 SEA OATS DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: BD () Delete
Name: HINKLEY, MARTIN J
Address: 401 ANEMONE ST.
City-St-Zip: PANAMA CITY BEACH, FL 32413

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:

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: BRENDA BRYAN

DT

01/18/2009

Electronic Signature of Signing Officer or Director

Date