2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003987

FILED Jan 07, 2009 Secretary of State

Entity Name: THE BAY COUNTY CONSERVANCY, INC.

Current Principal Place of Business: New Principal Place of Business: 120 EAST 2ND PLACE PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 120 EAST 2ND PLACE PANAMA CITY, FL 32401 FEI Number: 59-3511295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARBISON, CANDIS HARBISON, CANDIS M 120 EAST 2ND PLACE 120 EAST 2ND PLACE PANAMA CITY, FL 32401 US 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: CANDIS M. HARBISON 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARBISON, CANDIS Name: Name: 120 EAST 2ND PLACE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: () Delete Title: (X) Change () Addition KOLK, JACALYN N ESQ. Name: KOLK, JACALYN N ESQ. Name: Address: 160 BECK AVENUE Address: P O BOX 59462 City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY BEACH, FL 32412 Title: () Delete Title: () Change () Addition HOUSER, RON Name: Name: 1845 W. 24TH COURT Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GERDE, JERRY W ESQ. Name: Address: 239 E. 4TH STREET Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: () Delete Title: () Change () Addition PARELL, G J Name: Name: 330 W 23RD STREET Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: () Change (X) Addition PARELL, CAROLYN Name: Name: Address: Address: 402 BUNKERS COVE ROAD PA NAMA CITY, FL 32401 City-St-Zip: 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: CANDIS M. HARBISON PRES 01/07/2009