

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90517 015 ****61.25

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04212004 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000005256 1. Entity Name BAY COUNTY ASSOCIATION OF DIVE OPERATORS, INC.					
Principal Place of Business 1415 BAKER CT. PANAMA CITY, FL 32401			Mailing Address 1415 BAKER CT. PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3541926	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HILL, MICHAEL R 1415 BAKER CT. PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent:					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D- BEDFORD, PETE <input checked="" type="checkbox"/> Delete 100 THOMAS DR. PANAMA CITY BEACH, FL 32408		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J.W. Hill 1415 Baker Court Panama City, FL 32401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D- DONALDSON, BOB <input checked="" type="checkbox"/> Delete 8427 G. LAGOON DR. PANAMA CITY BEACH, FL 32408		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Granda 925 Rosemont Dr Panama City, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete HILL, MICHAEL R 1415 BAKER CT. PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4/21/2004 850-872-4128 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					