2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005
Secretary of State

DOCUMENT# N99000001129

Entity Name: CENTRAL PANHANDLE FAIR IN BAY COUNTY, INC.

Current Principal Place of Business:

2230 EAST 15TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

200 W MAC ARTHUR AVE
PANAMA CITY, FL 32401

New Mailing Address:

220 N MAC ARTHUR AVE
PANAMA CITY, FL 32401

FEI Number: 59-3571377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ROBERT
4448 ADA DRIVE
PANAMA CITY, FL 32405 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:	P	( ) Delete
Name:	TURNER, ROBERT	
Address:	6148 HWY 77	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	VP	( ) Delete
Name:	COOPER, W.C JR	
Address:	611 E.3RD COURT	
City-St-Zip:	PANAMA, FL 32401	
Title:	ST	( ) Delete
Name:	COOPER, MARK	
Address:	220 N MAC ARTHUR AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	FM	( ) Delete
Name:	JOHNSON, ROBERT	
Address:	4448 ADA DRIVE	
City-St-Zip:	CHIPLEY, FL 32428	

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:	

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: MARK COOPER ST 02/05/2005

Electronic Signature of Signing Officer or Director — Date