


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90157 013 \*\*\*150.00

<b>DOCUMENT # N99000003213</b> 1. Entity Name <b>BAY COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b>					
Principal Place of Business <b>316 LUVERNE AVE. PANAMA CITY, FL 32401 US</b>			Mailing Address <b>316 LUVERNE AVE. PANAMA CITY, FL 32401 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3552468</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RIDDLE, JERRY</b> <b>722 DRIFTWOOD DRIVE</b> <i>127 Cottonwood Circle</i> <b>LYNN HAVEN, FL 32444</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Jerry A. Riddle</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>		DATE <b>3/28/06</b>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPT <input type="checkbox"/> Delete		TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROSS, SARA M</b>		NAME		
STREET ADDRESS	<b>110610 BEACH DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>		CITY-ST-ZIP		
TITLE	P- <input type="checkbox"/> Delete		TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIDENKO, LAURA</b>		NAME		
STREET ADDRESS	<b>2805 LONGCAT DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32405</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>R. CRAIG TAYLOR</b>	
STREET ADDRESS			STREET ADDRESS	<b>626 LUVERNE AVE.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>KEN MCGARTLIN</b>	
STREET ADDRESS			STREET ADDRESS	<b>316 LUVERNE AVE.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>V. PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>ROY CRECELINS</b>	
STREET ADDRESS			STREET ADDRESS	<b>316 LUVERNE AVE.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<b>SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>WENDY HARLAND</b>	
STREET ADDRESS			STREET ADDRESS	<b>316 LUVERNE AVE.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>R. Craig Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4/24/06</b> <b>850-769-2371</b> <small>Daytime Phone #</small>		