


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 004 ****61.25

DOCUMENT # N99000003213 1. Entity Name BAY COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.					
Principal Place of Business 316 LUVERNE AVE. PANAMA CITY, FL 32401 US			Mailing Address 316 LUVERNE AVE. PANAMA CITY, FL 32401 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01192007 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3552468 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 RIDDLE, JERRY 127 COTTONWOOD CIRCLE LYNN HAVEN, FL 32444	
7. Name and Address of New Registered Agent Name TAYLOR, R. CRAIL Street Address (P.O. Box Number is Not Acceptable) 626 LUVERNE AVE. City PANAMA CITY FL Zip Code 32401				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>R. Crail Taylor</i> DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2007	
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 ROSS, SARA M 110610 BEACH DR PANAMA CITY, FL 32401	<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	D DAVIDENKO, LAURA 2805 LONGCAT DR PANAMA CITY, FL 32405	<input checked="" 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	T TAYLOR, R C 626 LUVERNE AVE. PANAMA CITY, FL 32401	<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	P MCGARTLIN, KEN 316 LUVERNE AVE PANAMA CITY, FL 32401	<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	VP CRECELIUS, ROY 316 LUVERNE AVE PANAMA CITY, FL 32401	<input checked="" 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	S HARLAND, WENDY 316 LUVERNE AVE PANAMA CITY, FL 32401	<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 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. Crail Taylor</i> R. CRAIL TAYLOR, TREASURER 4/30/07 850-769-2371 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					